

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064263

FILED  
Sep 04, 2007  
Secretary of State

Entity Name: CREATIVE MINDS ENTERPRISES, INC.

**Current Principal Place of Business:**

1236 S. MC DUFF AVENUE  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 37326  
JACKSONVILLE, FL 32236

**New Mailing Address:**

FEI Number: 20-0034326      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUTLER, VICKIE K  
PO BOX 60903  
JACKSONVILLE, FL 32236      US

**Name and Address of New Registered Agent:**

NURSE, MARCIA D  
10973 RIVER FALLS DRIVE  
JACKSONVILLE, FL 32219      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARCIA NURSE      09/04/2007  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: NURSE, MARCIA  
Address: 10973 RIVER FALLS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP      ( ) Delete  
Name: NURSE, CHRISTOPHER J  
Address: 10973 RIVER FALLS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32219

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA NURSE      PRE      09/04/2007  
Electronic Signature of Signing Officer or Director      Date