


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90003 049 \*\*\*550.00

<b>DOCUMENT # P03000095587</b>					
1. Entity Name CREATING COMMUNICATION, INC.					
Principal Place of Business 603 EAST CALL ST. STARKE, FL 32091			Mailing Address 603 EAST CALL ST. STARKE, FL 32091		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2594816	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRUMMOND, DONALD L E.A. 103 EDWARDS RD STARKE, FL 32091			7. Name and Address of New Registered Agent Name <u>Jennifer F. Darley</u> Street Address (P.O. Box Number is Not Acceptable) <u>603 East Call Street</u> City <u>Starke</u> FL Zip Code <u>32091</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>J. Darley</u> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE: <u>6-13-06</u>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DARLEY, VIRGIE	NAME			
STREET ADDRESS	<del>2020 SE 109TH ST.</del> <u>603 East Call St</u>	STREET ADDRESS			
CITY-ST-ZIP	<del>STARKE, FL 32091</del> <u>Starke, FL 32091</u>	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DARLEY, JENNIFER	NAME			
STREET ADDRESS	603 E CALL ST	STREET ADDRESS			
CITY-ST-ZIP	STARKE, FL 32091	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>J. Darley</u>			Date: <u>6-13-06</u> Daytime Phone #: <u>904-964-8900</u> <u>352-745-1157</u>		