2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P04000101901

Entity Name: CUSTOM CREATIONS & RESTORATIONS, INC.

Current Principal Place of Business:

97365 AMY DR
YULEE, FL 32097

New Principal Place of Business:

97398 AMY DR
YULEE, FL 32097

Current Mailing Address:

97365 AMY DR
YULEE, FL 32097

New Mailing Address:

97398 AMY DR
YULEE, FL 32097

FEI Number: 26-0091268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, ROBERT
97365 AMY DR
YULEE, FL 32097 US

Name and Address of New Registered Agent:

DAVIS, ROBERT
97398 AMY DR
YULEE, FL 32097 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: ROBERT DAVIS 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVIS, ROBERT
Address: 97365 AMY DR
City-St-Zip: YULEE, FL 32097

Title: V ( ) Delete
Name: DAVIS, ROGER
Address: 97365 AMY DR
City-St-Zip: YULEE, FL 32097

Title: S ( ) Delete
Name: DAVIS, VERONICA
Address: 97365 AMY DR
City-St-Zip: YULEE, FL 32097

Title: M (X) Delete
Name: CLARK, WILLIAM R MANAGER
Address: 97365 AMY DR.
City-St-Zip: YULEE, FL 32097

Title: T (X) Delete
Name: WYCKOFF, JERAMIE R
Address: 97365 AMY DR.
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DAVIS, ROBERT
Address: 97398 AMY DR
City-St-Zip: YULEE, FL 32097

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

Title: S (X) Change ( ) Addition
Name: DAVIS, VERONICA
Address: 97398 AMY DR
City-St-Zip: YULEE, FL 32097

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: ROBERT DAVIS P 04/30/2007
Electronic Signature of Signing Officer or Director Date