


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90026 021 ***150.00

DOCUMENT # P05000167559

1. Entity Name
CULTURALLY CREATIVE CONCEPTS, INC.



Principal Place of Business Mailing Address

539 LAKESIDE CIRCLE 539 LAKESIDE CIRCLE
 SUNRISE, FL 33326 US SUNRISE, FL 33326 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1615 NW 21 AVENUE **1615 NW 21 AVENUE**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

GAINESVILLE FL **GAINESVILLE FL**

Zip Country Zip Country

32605 **USA** **32605** **USA**



05202007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

13-4321671 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RILEY, PATRICIA L
539 LAKESIDE CIRCLE
SUNRISE, FL 33326

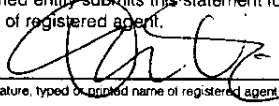
7. Name and Address of New Registered Agent

Name: **(SAME) Riley, Patricia L**

Street Address (P.O. Box Number is Not Acceptable): **1615 NW 21 Avenue**

City: **GAINESVILLE** FL Zip Code: **32605**

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:  DATE: **5-13-2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	RILEY, PATRICIA L	539 LAKESIDE CIRCLE	SUNRISE, FL 33326	<input type="checkbox"/>
		1615 NW 21 Ave	GAINESVILLE FL 32605	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	SAME OFFICER	NEW ADDRESS		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: 