

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000120775

FILED  
Apr 26, 2008  
Secretary of State

Entity Name: CREATIVE DESIGN & HOUSE STAGING SOLUTIONS INC.

**Current Principal Place of Business:**

23274 MOORHEAD AVENUE  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

23274 MOORHEAD AVENUE  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

MITCHELL, ALBERT  
16711 198TH TERRACE  
OBRIEN, FL 32071 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STOVER, DAWN  
Address: 23274 MOORHEAD AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: V ( ) Delete  
Name: STOVER, SCOT  
Address: 23274 MOORHEAD AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: T ( ) Delete  
Name: EDMONDSON, BAIN  
Address: 23274 MOORHEAD AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

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

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

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: DAWN STOVER

PRES

04/26/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date