

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000103751

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** CREATIVE EDGE HOME SOLUTIONS, INC.

**Current Principal Place of Business:**

5211 N.W. 77TH CT.  
POMPANO BEACH, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 970370  
COCONUT CREEK, FL 33097

**New Mailing Address:**

**FEI Number:** 45-4001390      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SLAVIK, JOHN W JR.  
5211 N.W. 77TH CT.  
POMPANO BEACH, FL 33073      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

**OFFICERS AND DIRECTORS:**

Title: P,T  
Name: SLAVIK, JOHN W JR.  
Address: 5211 N.W. 77TH CT.  
City-St-Zip: POMPANO BEACH, FL 33073

Title: VP  
Name: SLAVIK, JOHN M  
Address: 8282 GREENBRIAR RD.  
City-St-Zip: LARGO, FL 33777

Title: D  
Name: SLAVIK, JOHN W SR.  
Address: 13325 N.E. 49TH TERR  
City-St-Zip: ANTHONY, FL 32617

Title: S  
Name: SLAVIK, ANNETTE B  
Address: 8282 GREENBRIAR RD  
City-St-Zip: LARGO, FL 33777

I hereby 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 all other like empowered.

SIGNATURE: JOHN M. SLAVIK

VP

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date