## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000073671

Entity Name: CREATIVE INTEGRATED SERVICES INC.

FILED Apr 30, 2008 Secretary of State

Littly Nai	IIIE. CREATIV	LINIL	GRATED SERVICES,	IIVC.				
Current Principal Place of Business:				New Prince	New Principal Place of Business:			
16209 LAK TAMPA, F	KEHEAD COUF L 33618 US	_						
Current Mailing Address:				New Maili	New Mailing Address:			
#1543	D STREET ERDALE, FL 3:	3301	US		E ARROWHE A, FL 34231			
FEI Number:	: 59-3531427	FEI Nu	umber Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desir	ed ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
2018 EAST TAMPA, F		E S						
	named entity s e of Florida.	submits	this statement for the p	ourpose of changing	its registered	d office or registered agent	i, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent				ent	Date			
Election Car	mpaign Financing	g Trust F	und Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CPVS () TODD, CEEBEI 16209 LAKEHE TAMPA, FL 330	AD COU	रा	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	T () TODD, CEEBEI 16209 LAKEHE TAMPA, FL 33	AD COU	RT	Title: Name: Address: City-St-Zip:		()Change()Addition		
Title: Name: Address: City-St-Zip:	D ( ) RODACHA, RIC 1225 CYPRES WINTER HAVE	S POINT I	EAST RD	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title:	D () WASHBURN C	) Delete		Title:		(X) Change ( ) Addition		

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.

Address:

SIGNATURE: CEEBEE TODD CPVS 04/30/2008

5328LAKE ARROWHEAD TRAIL

SARASOTA, FL 34231 US

Address:

City-St-Zip:

5328 LAKE ARROWHEAD TRAIL

City-St-Zip: SARASOTA, FL 34231 US