

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46914</b>		
1. Entity Name <b>CREATE, INC.</b>		
Principal Place of Business <b>428 W TENNESSEE ST TALLAHASSEE, FL 32301</b>		Mailing Address <b>224 N MARTIN L KING BLVD TALLAHASSEE, FL 32301</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 05022006 No Chg-NP CR2E037 (4/06)
		4. FEI Number <b>59-3118145</b> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>CUMMINGS, CAROLYNN 462 W BREVARD STREET TALLAHASSEE, FL 32301</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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  <b>5/2/06</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, R B JR 2300 MONACO DR TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARTER, MATTHEW M II 1310 CHOWKEEBIN NENE TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANUP, EDWARD 217 N. MONROE STREET TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 617, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>5/2/06</b> (850) 222-8440 Date Daytime Phone #