
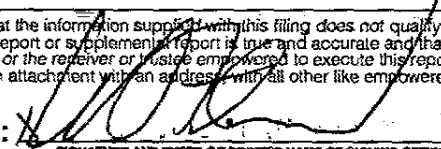


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 382751</b>		
1. Entity Name CREATIVE INVESTMENT SERVICES, INC.		
Principal Place of Business 100 ALMERIA AVENUE, STE. 208 CORAL GABLES, FL 33134-6027 US	Mailing Address CREATIVE INVESTMENT SERVICES, INC. 100 ALMERIA AVENUE, STE. 208 CORAL GABLES, FL 33134-6027	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FLORENCE, WILLIAM I. 100 ALMERIA AVENUE, STE. 208 CORAL GABLES, FL 33134-6027		<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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLORENCE, WILLIAM I. 100 ALMERIA AVENUE, STE. 208 CORAL GABLES, FL 331346027	<b>DO NOT WRITE IN THIS SPACE</b>
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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 supplement 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM I. FLORENCE		01-16-07 Date 305-444-9845 Daytime Phone #



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1354588 Applied For Not Applicable

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

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01/22/07-80050-022 150.00