


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90055 005 ***150.00

DOCUMENT # 316045	
1. Entity Name CREATIVE PRODUCTS SCREENPRINTERS, INC.	

Principal Place of Business 3001 GRANADA STREET TAMPA, FL 33629	Mailing Address 16528 NORTH DALE MABRY HWY TAMPA, FL 33618 US
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1162416	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANDERS, WALTER 16528 NORTH DALE MABRY HWY TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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 Walter Sanders Walter Sanders 4/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LEWIS, GARY 3210 W. FOUNTAIN BLVD. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BROSNAN, EDWARD 407 APACHE TRAIL BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SANDERS, WALTER 16528 NORTH DALE MABRY HWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 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: Ed Brosnan Ed Brosnan 4/25/07 813-839-6356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #