2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 553337

1. Entity Name
CREATIVE PACKAGING, INC.

FILED
05 AUG 31 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08292005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
611 W. ROBINSON STREET ORLANDO, FL 32801	611 W. ROBINSON STREET ORLANDO, FL 32801

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1833211 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMS, BARBARA L.
611 WEST ROBINSON STREET
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIMMS, BARBARA L 611 W ROBINSON STREET ORLANDO,, FL 32801	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLINE, DIANA L. 611 W. ROBINSON St. ORLANDO, FL. 32801 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCCOY, BRENDA L. 611 W ROBINSON STREET ORLANDO,, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Simms, JEFFREY B. 611 W. ROBINSON St. ORLANDO, FL 32801 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMMS, BARBARA L. 611 W ROBINSON STREET ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200059238812 09/01/05--01028--022 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALLEN R SIMMS 611 W ROBINSON STREET ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Barbara L. Simms 8-30-05 407-644-3248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #