2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623852

Entity Name: THE CREATORS, INC.

Jul 27, 2004 Secretary of State

220 MAIN STREET P O BOX 1367 MCCOMB, MS 39648

Current Mailing Address: New Mailing Address:

220 MAIN STREET P O BOX 1367 MCCOMB, MS 39648

FEI Number: 59-2022398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, STEWART A 2626 CRYSTAL COURT COVE. JACKSONVILLE, FL 32224

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

VΡ

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

VΡ

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SMITH, STEWART A., SMITH, STEWART A Name: Name: 220 MAIN STREET 2408 PINE ISLAND COURT Address: Address:

JACKSONVILLE, FL 32224 City-St-Zip: MCCOMB, MS City-St-Zip:

Title: Title: (X) Change () Addition () Delete SMITH, STEWART A. JR, Name: Name: SMITH, STEWART A JR 2626 CRYSTAL COURT COVE 2626 CRYSTAL COURT COVE Address: Address: JACKSONVILLLE, FL 32224 JACKSONVILLLE, FL 32224 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: ST

SMITH, AILEEN B., Name: SMITH, AILEEN B Name: 220 MAIN STREET 2408 PINE ISLAND COURT Address: Address: City-St-Zip: MCCOMB, MS City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: STEWART A SMITH 07/27/2004