

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646861

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: CREATIVE PROCESS, INC.

**Current Principal Place of Business:**

1130 SOUTH HWY 1792  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1130 SOUTH HWY 1792  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 59-1958319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSS, JOANNE  
1130 S. HWY. 17-92  
LONGWOOD, FL 32750 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROSS, JOANNE  
Address: 261 SEMINOLE WOODS BLVD.  
City-St-Zip: GENEVA, FL 32732

Title: ST ( ) Delete  
Name: PERLINI, MICHAEL  
Address: 1130 S. HWY. 17-92  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: JOANNE ROSS

PRES

01/11/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date