

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 17, 2007
Secretary of State**

DOCUMENT# 646861

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP () Change (X) Addition
Name: PERLINI, CESARE
Address: 1130 S. HWY 17-92
City-St-Zip: LONGWOOD, FL 32750

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

08/17/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date