


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 857068</b>	
1. Entity Name CREATIVE FOOD 'N FUN COMPANY	

Principal Place of Business 7500 GRACE DR COLUMBIA, MD 21044 US	Mailing Address C/O MOLLIE K. SPRINKLE 7500 GRACE DRIVE COLUMBIA, MD 21044 US
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1505881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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	AT FILON, ELYSE N 5400 BROKEN SOUND BLVD., STE 300 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS SIEGEL, DAVID 7500 GRACE DR COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD NAGY, AKOS L 7500 GRACE DR COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT NAKASHIGE, DAVID 5400 BROKEN SOUND BLVD NW BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHELNITZ, MARK A 7500 GRACE DR COLUMBIA, MD 21044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCGOWAN, W. B 7500 GRACE DRIVE COLUMBIA, MD 21044

1100000185288  
01/21/05-80009-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Mark A. Shelnitz** **1/11/05** **410/531-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #