

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000001330

Entity Name: CREELMAN & ASSOCIATES, INC.

FILED  
Oct 30, 2006  
Secretary of State

**Current Principal Place of Business:**

280 HARVEST RIDGE WAY  
PASO ROBLES, CA 93446

**New Principal Place of Business:**

**Current Mailing Address:**

280 HARVEST RIDGE WAY  
PASO ROBLES, CA 93446

**New Mailing Address:**

FEI Number: 77-0564609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

REGISTERED AGENTS LEGAL SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32302 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: MICHAEL ASHLEY

Electronic Signature of Registered Agent

Date

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:**

Title: CP ( ) Delete  
Name: CREELMAN, LYNN DR.  
Address: 280 HARVEST RIDGE WAY  
City-St-Zip: PASO ROBLES, CA 93446

Title: DVST ( ) Delete  
Name: LOU ANN BARTON,  
Address: 280 HARVEST RIDGE WAY  
City-St-Zip: PASO ROBLES, CA 93446

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

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

Title: DVST (X) Change ( ) Addition  
Name: BARTON, LOU ANN  
Address: 280 HARVEST RIDGE WAY  
City-St-Zip: PASO ROBLES, CA 93446

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: LOU ANN BARTON

DVST

10/30/2006

Electronic Signature of Signing Officer or Director

Date