2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# F02000001389

Entity Name: CREATIVE HEALTH CARE MANAGEMENT, INC.

Current Principal Place of Business:

1701 AMERICAN BLVD EAST STE #1
MINNEAPOLIS, MN 554251151

New Principal Place of Business:

Current Mailing Address:

1701 AMERICAN BLVD EAST STE #1
MINNEAPOLIS, MN 554251151

New Mailing Address:

FEI Number: 06-1030888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINNAIRD, LEAH
9040 SW 97 TERRACE
MIAMI, FL 33176 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: PC ( ) Delete
Name: FELGEN, JAYNE
Address: 8655 MAPLE GROVE RD
City-St-Zip: SPRING GROVE, PA 17362

Title: V ( ) Delete
Name: PERSON, COLLEEN
Address: 5500 NEWTON AVE SO
City-St-Zip: MINNEAPOLIS, MN 55419

Title: T ( ) Delete
Name: STANKOVSKY, BRANISLAV R
Address: 1542 TAMARACK DR
City-St-Zip: LONG LAKE, MN 55356

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: FELGEN, JAYNE
Address: 8655 MAPLE GROVE RD
City-St-Zip: SPRING GROVE, PA 17362

Title: VP (X) Change ( ) Addition
Name: PERSON, COLLEEN
Address: 5500 NEWTON AVE SO
City-St-Zip: MINNEAPOLIS, MN 55419

Title: TREA (X) Change ( ) Addition
Name: STANKOVSKY, BRANISLAV R
Address: 1542 TAMARACK DR
City-St-Zip: LONG LAKE, MN 55356

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: BRANISLAV R STANKOVSKY TREA 03/14/2006

Electronic Signature of Signing Officer or Director Date