

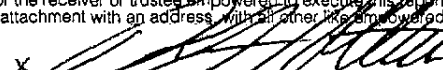


FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002736 1. Entity Name CREATIVE VINYL SYSTEMS INC							
Principal Place of Business 160 S LINCOLN AVENUE SALEM, OH 44460		Mailing Address 160 S LINCOLN AVENUE SALEM, OH 44460					
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>							
		<div style="text-align: center;"></div> <div>03192005 No Chg-P CR2E034 (10/03)</div> <table border="1"><tr><td>4. FEI Number 34-1766562</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 34-1766562	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent DOLFI, PHILIP T 1111 SE 82ND ST RD OCALA, FL 34480		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOLFI, PHILIP T 1111 SE 82ND ST RD OCALA, FL 34480	<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROTHACKER, KARL J 7422 EAGLE TRACE BOARDMAN, OH 44512						
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
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: 		<div style="text-align: right;">Date: 4-15-05 Daytime Phone #: 330-3337-338</div>					