2004 FOR PROFIT CORPORATION

indicated on this.

SIGNATURE

FILED ANNUAL REPORT Mar 10, 2004 08:00 AM Secretary of State DOCUMENT # F03000003061 CREATIVE PROMOTIONAL CONCEPTS, INC. Principal Place of Business Mailing Address 17112 CARRINGTON PARK DR. #903 1301 CROPORATE CENTER DRIVE STE. 175 TAMPA, FL 33647 EAGAN, MN 55721 CR2E034 (10/03) 01212004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-1889475 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent DEVIERE, ROB DO NOT WRITE 705 N. PARSONS AVE BRANDON, FL 33510 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150,00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE U00000082928 03/10/04-80018-014 150.00 LAWROW, IAN NAME STREET ADDRESS 448 ASHLAND AVE CITY-SY-ZIP ST. PAUL, MN 55102 TITLE NAME MEEHAN, GREG 13220 LONGVIEW DR STREET ADDRESS CITY-ST-ZIP BURNSVILLE, MN 55337 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP th this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that