

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003742

FILED  
Jan 15, 2007  
Secretary of State

Entity Name: CREATIVE BENEFITS, INC.

## Current Principal Place of Business:

956 VALE TERRACE DRIVE  
VISTA, CA 92084

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1928  
VISTA, CA 920851928

## New Mailing Address:

FEI Number: 33-0466559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: DSPT ( ) Delete  
Name: DIETEL, JODY L  
Address: 956 VALE TERRACE DRIVE  
City-St-Zip: VISTA, CA 92084

Title: VP ( ) Delete  
Name: HETTINGER, JOHN D  
Address: 956 VALE TERRACE DRIVE  
City-St-Zip: VISTA, CA 92084

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CFO ( ) Change (X) Addition  
Name: HALL, ROCK CPA  
Address: 956 VALE TERRACE DRIVE  
City-St-Zip: VISTA, CA 92084 US

Title: CMO ( ) Change (X) Addition  
Name: GHIRARDI, SUSAN  
Address: 956 VALE TERRACE DRIVE  
City-St-Zip: VISTA, CA 92084 US

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: JODY L. DIETEL

DSPT

01/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date