


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F0500000697 1. Entity Name CREATIVE DINING SERVICES, INC.	
--	---

Principal Place of Business ONE ROYAL PARK DR., SUITE #3 ZEELAND, MI 49464	Mailing Address ONE ROYAL PARK DR., SUITE #3 ZEELAND, MI 49464
--	--



08152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2915451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, MARTIN
 US 41
 BONITA SPRINGS, FL 34135

DO NOT WRITE 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)

U00000575522
 08/23/06-80005-015 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WERKMAN, BARRY 416 N. CALVIN HOLLAND, MI 49464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DEVRIES, HENRY 2361 OKEMOS DR, SE GRAND RAPIDS, MI 49506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOGSTRA, SHIRLEY 1510 HEATHFIELD DR NE GRAND RAPIDS, MI 49546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROST, RICHARD 743 CRESTVIEW HOLLAND, MI 49423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILIGAN, STEPHEN 922 KINGWOOD CT. HOLLAND, MI 49424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RENZ, STEVEN 2300 TANGLEWOOD CT. HOLLAND, MI 49424

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *X Steven Hiligan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____