2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# F05000006466

Entity Name: FIVE STARS CREATION, INC.

Current Principal Place of Business:

P.O. BOX 48366
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48366
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-0524371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SADIQ, FRANCIS
8405 PINE THRUSH WAY
TAMPA, FL 33647 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

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: SADIQ, FRANCIS
Address: P.O. BOX 48366
City-St-Zip: TAMPA, FL 33647

Title: V ( ) Delete
Name: SADIQ, NOREEN
Address: P.O. BOX 48366
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SADIQ, FRANCIS
Address: P.O. BOX 48366
City-St-Zip: TAMPA, FL 33647

Title: MGR (X) Change ( ) Addition
Name: SADIQ, NOREEN
Address: P.O. BOX 48366
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANCIS SADIQ MGR 04/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date