

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000007534 1. Entity Name CREATIVE STRUCTURES, INC.	
--	---

Principal Place of Business 1480 BRED A DR. KNOXVILLE, TN 37918	Mailing Address 1480 BRED A DR. KNOXVILLE, TN 37918
--	--



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

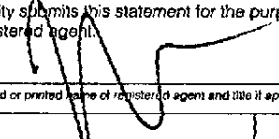
4. FEI Number 58-1525585	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEMS 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

**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.

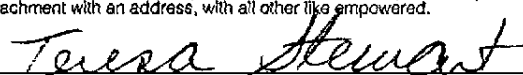
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	Jennifer F. Aultman Assistant Secretary	DATE 4/10/06
--	---	------------------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000502190 04/25/06-80094-017 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SLACK, ROBERT F. 1480 BRED A DR. KNOXVILLE, TN 37918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EVANS, WILLIAM R. JR. 1480 BRED A DR. KNOXVILLE, TN 37918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEWART, TERESA 1480 BRED A DR. KNOXVILLE, TN 37918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLACK, MARY P. 5312 ANGELES DR. KNOXVILLE, TN 37918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-5-06 Date	(865) 689 1335 Daytime Phone #
--	-----------------------	--