


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90447 025 ***150.00

DOCUMENT # F71568 1. Entity Name SCHON CREATIVE SERVICES, INC.	
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Principal Place of Business TAMPA INTERNATIONAL AIRPORT MARRIOTT OFC LEVEL C48 TAMPA, FL 33607 US	Mailing Address P O BOX 23572 TAMPA, FL 33623 US
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04022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2170164	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 MALAND, ROBERT A. 2 DATRAN CENTER 9130 S DADELAND BLVD, STE #1706 MIAMI, FL 33156 <i>9100 S. Dadeland Blvd. 1 Dattran Ctr. Penthouse 1, Ste 1910</i>	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SCHON, RONALD A. 4935 W BAYWAY PL TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHON, ELLEN ERRICO 4935 W BAYWAY PL TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Ellen E. Schon</i> Ellen E. Schon <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4-25-05 (813) 417-4979 <small>Daytime Phone #</small>
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