


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000004266 1. Entity Name CREATIVE BLOW MOLD TOOLING, INC.	
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Principal Place of Business 3049 DRANEFEILD RD #1 LAKELAND, FL 33811 US	Mailing Address 2350 NE INDEPENDENCE AVE SUITE C LEES SUMMIT, MO 64064 US
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03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 33-0056516	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DENTON, MOLLY ANN 3049 DRANE FIELD RD. SUITE 1 LAKELAND, FL 33811

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DENTON, DEAN D 2350-C NE INDEPENDENCE AVENUE LEE'S SUMMIT, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDV DENTON, MOLLY ANN 2350 NE INDEPENDENCE AVE LEES SUMMIT, MO 64064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENTON, EARLE 1017 GRAN PASEO DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWEKOTTE, JAMES T 2350 NE INDEPENDENCE AVE LEES SUMMIT, MO 64064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/04/04-80042-001 150.00

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: Molly A Denton, Molly Ann Denton 3/31/04 816-525-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #