

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90014 001 ***593.75

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07052006 Chg-P CR2E034 (11/05)

DOCUMENT # F96000005446					
1. Entity Name CREATIVE COMPUTER APPLICATIONS, INC.					
Principal Place of Business 26115-A MUREAU RD. CALABASAS, CA 91302			Mailing Address 26115-A MUREAU RD. CALABASAS, CA 91302		
2. Principal Place of Business 26115-A Mureau Road Suite, Apt. #, etc.			3. Mailing Address 26115-A Mureau Road Suite, Apt. #, etc.		
City & State Calabasas, CA Zip 91302 Country USA			City & State Calabasas, CA Zip 91302 Country USA		
4. FEI Number 95-3353465			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCF BESBECK, STEVEN M 26115-A MUREAU RD. CALABASAS, CA 91302	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO, Chairman Steven M. Besbeck 26115-A Mureau Road Calabasas, CA 91302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HELMS, JAMES R 26115-A MUREAU RD. CALABASAS, CA 91302	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO James R. Helms 26115-A Mureau Road Calabasas, CA 91302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MILLER, BRUCE M 26115-A MUREAU RD. CALABASAS, CA 91302	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO BRUCE MILLER 26115-A Mureau Road Calabasas, CA 91302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMID, LAWRENCE S 26115-A MUREAU RD. CALABASAS, CA 91302	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Anahita Villafane 26115-A Mureau Road Calabasas, CA 91302	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGERSON, ROBERT S JR 26115-A MUREAU RD. CALABASAS, CA 91302	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director C. Ian Sym-Smith 26115-A Mureau Road Calabasas, CA 91302	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, NORMAN R 26115-A MUREAU RD. CALABASAS, CA 91302	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bradford G. Peters 26115-A Mureau Road Calabasas, CA 91302	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Anahita Villafane</u> Anahita Villafane 7/6/06 (818) 449-8602					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					