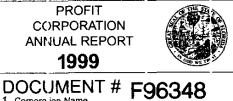
CREATIVE PROBLEM SOLVERS, INC.

1. Corpora ion Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90177 013 ***150.00



Principal Place of Business Mailing Address					1 185196 145 tille 2106 1111 etablish i eta		
1518 BROADWAY 6413 Dest. W. 1 P.O. BOX 1072							
HONOXVILLE TN 37901 US KODX UIT TO 37919					DO NOT WRITE IN THIS SPACE		
					3. Date Ir corporated or Qualifed		
	, ,	•			08/20/1982		Ţ
2 0-111 01		2a. Mailing Address			4. FEI Number	Aı	oplied For
→ '	ace of Business	├ ─, "			59-2275873	⊢	ot Applicable
21 6423 Deanehill Drive 26 Suite, Apt. #, etc.							Additional
——————————————————————————————————————					5. Certificate of Status Desired	* .	ec uired
22					6. Electio 1 Campaign Financing	\$5.00	May Be
— '	28			Trust Fund Contribution	Added to Fees		
Zip Country Zip			Country		8. This corporation owes the current year	ntangible	
3791		29 30			Personal Property Tax.	Yes	[X]No
24 37 31	9. Name and Address of Current		,		10. Name and Address of New Registere	d Agent	
	- Countries and Florida		81	Name .	VORTA POUTEL V		
KREIS, BINITA M					KREIS, BONITA M.		
820 EAST PARKWAY				Street A	Address (P.O. Box Number is Not Acceptable) 4000 North Federal Highway		ł
STUART FL 34996			83	1			
				•	Suite 206		
			84		Boca Raton F	85 Zip	Code 34.31
44 6	4 4 isiana of Castiana 607 0502	and 607 1508. Elorido Statuca	the above				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was nuthorized by the corporation's board of circutors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
agent. ⊨ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes	š.	741/2 H112	/00	
SIGNATUR (Statements bland or opinion train to discontinuous and properties and p							
12.	Signature, typed or printed nar to of registered adjustered ANI		13.	in signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	OF:S IN 12
TITLE	CSD	DELETE	1.1 TITLE				☐ Addition
NAME	MDEIC DOMITA M		1.2 NAME	İ			
	1518 BROADWAY 64130	DR HILLDR	i	TADDRESS	6423 Deanehill Drive		
STREET ADDRESS	WHOWILE TH 27017	11 71 3798	1.4 CITY-5		Knoxville, TN 37919		
CITY-ST-ZIP TITLE	KNOXVILLE TN 37917 Kupper	DELETE	2.1 TITLE	31-ZIF	anonville, in Systy	X Change	Addition
	MODELS HAZEN II	4.44	2.2 NAME	ĺ			
NAME	KREIS, HAZEN H 1518 BROADWAY 641 3 D	אוא איז איז HIIDr		T ADDRESS	6423 Deanehill Drive		
STREET ADDRESS	KNOXVILLE TN 37917/Kuex	11 Tu 27919			Knoxville, TN 37919		
CITY-ST-ZIP		DIELETE	2. 4 CITY- 3.1 TITLE	S1-ZIP	KHOXVIIIE, IN 37919	X Change	Addition
TITLE	VD	DCLLIC					_
NAME	KREIS, HAZEN H III		3.2 NAME	T ADDOCTOR	4384 NE Skyline Drive		
STREET ADDRESS	4384 NE SRYUNE DRIVE			TADDRESS	Jensen Beach, FL 34957		
CITY-ST-ZIP	JENSEN BEACH FL 34957	DELETE	3.4. CITY-	S1-ZIP	Jensen Beach, FL 34937	Change	☐ Addition
TITLE	I ADOCH DOAD! THE		4.1 TITLE	. !		criange	
NAME	LARSEN, BRADLEY L		4 2 NAME				-
STREET ADDRESS	820 EAST PARKWAY		4 3 STREE	TADDRESS			
CITY-ST-ZIP	STUART FL 34996		4.4 CITY-5	ST-ZIP			- Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition)
NAME			5.2 NAME				
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			Addition
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				İ
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or or an attachment with an address, with a liother like empowered.

SIGNATURE: