


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90055 005 ***158.75

DOCUMENT # F96348 1. Entity Name CREATIVE PROBLEM SOLVERS, INC.					
Principal Place of Business 6413 DEANE HILL DRIVE KNOXVILLE, TN 37919 US				Mailing Address P.O. BOX 11625 KNOXVILLE, TN 37939	
2. Principal Place of Business 6423 DEANE HILL DR				3. Mailing Address Suite, Apt. #, etc.	
City & State Knoxville TN				City & State Knoxville TN	
Zip 37919		Country USA		4. FEI Number 59-2275873	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KEEIS BONNITA M 4384 NE SKYLINE DRIVE JENSEN BEACH, FL 34957				7. Name and Address of New Registered Agent Name KREIS BONITA M Street Address P.O. Box Number is Not Applicable 4384 SKYLINE DRIVE JENSEN BEACH City FL Zip Code 34957	
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 <i>Hayden Greer Pres</i> DATE 4-15-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	CSD KREIS, BONITA M 6423 DEANEHILL DRIVE KNOXVILLE, TN 37919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREIS, HAZEN H 6423 DEANEHILL DRIVE KNOXVILLE, TN 37919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KREIS, HAZEN H III 4384 NE SKYLINE DRIVE JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARSEN, BRADLEY L 820 EAST PARKWAY STUART, FL 34996	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIRTS, HAZEN J 340 CREEKVIEW LN KNOXVILLE TN 37923	<input type="checkbox"/> Delete			
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>Hayden Greer</i> DATE 4-15-04 DAYTIME PHONE # 865-584-0137 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					