2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# F96348

Entity Name: CREATIVE PROBLEM SOLVERS, INC.

Current Principal Place of Business:

6423 DEANE HILL DRIVE
KNOXVILLE, TN 37919 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11625
KNOXVILLE, TN 37939

New Mailing Address:

FEI Number: 59-2275873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KREIS, BONITA M
4384 SKYLINE DRIVE
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CSD	( ) Delete
Name:	KREIS, BONITA M	
Address:	6423 DEANEHILL DRIVE	
City-St-Zip:	KNOXVILLE, TN 37919 US	
Title:	PD	( ) Delete
Name:	KREIS, HAZEN H	
Address:	6423 DEANEHILL DRIVE	
City-St-Zip:	KNOXVILLE, TN 37919 US	
Title:	VD	( ) Delete
Name:	KREIS, HAZEN H III	
Address:	4384 NE SKYLINE DRIVE	
City-St-Zip:	JENSEN BEACH, FL 34957 US	
Title:	T	( ) Delete
Name:	LARSEN, BRADLEY L	
Address:	820 EAST PARKWAY	
City-St-Zip:	STUART, FL 34996	
Title:	D	(X) Delete
Name:	MIRTS, HAZEN J	
Address:	340 CREEKVIEW LN	
City-St-Zip:	KNOXVILLE, TN 37923	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAZEN H KREIS MR. 04/14/2005

Electronic Signature of Signing Officer or Director Date