2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2007
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: BONITA M KREIS

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CSD (X) Change ( ) Addition
Name: KREIS, BONITA M
Address: 6423 DEANE HILL DRIVE
City-St-Zip: KNOXVILLE, TN 37919 US

Title: PD (X) Change ( ) Addition
Name: KREIS, HAZEN H
Address: 6423 DEANE HILL DRIVE
City-St-Zip: KNOXVILLE, TN 37919 US

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 exemption stated 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 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 PD 10/09/2007

Electronic Signature of Signing Officer or Director — Date