


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90042 002 ***150.00

DOCUMENT # H70347	
1. Entity Name CREATIVE INSURANCE PLANNING, INC.	

Principal Place of Business 1250 E HALLENDALE BCH BLVD SUITE 605 HALLANDALE, FL 33009	Mailing Address 1250 E HALLENDALE BCH BLVD SUITE 605 HALLANDALE, FL 33009
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40002099



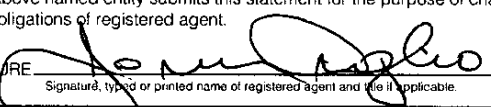
2. Principal Place of Business CLOSED BUSINESS	3. Mailing Address 19333 COLLINS AVE # 1402
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SUNNY ISLES, FL 33160
Zip	Zip 33160
Country	Country U.S.A

01132005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2041458	Applied For Not Applicable
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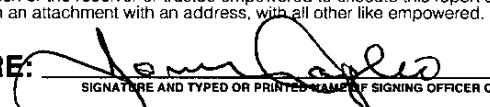
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIGLIO, JOSEPH 1230 E HALLENDALE BCH BLVD SUITE 605 HALLANDALE, FL 33009	
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7. Name and Address of New Registered Agent Name: JOSEPH DIGLIO Street Address (P.O. Box Number is Not Acceptable): 19333 COLLINS AVE # 1402 City: SUNNY ISLES FL Zip Code: 33160	
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: 	DATE: 1/13/05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DIGLIO, JOSEPH 1250 E HALLENDALE BCH BLVD HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Joseph Diglio 19333 COLLINS AVE. # 1402 SUNNY ISLES, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DIGLIO, MIRTHA 1250 E HALLENDALE BCH BLVD HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DIGLIO, MIRTHA 19333 COLLINS AVE # 1402 SUNNY ISLES FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: 1/13/05 (305) 935-0304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	