2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74711

FILED Apr 25, 2007 Secretary of State

Entity Name: CREATIVE OUTLET OF FLORIDA, INC.

Entity Nan	HE. CREATIVE	OUTLET OF FLORIDA, INC		
Current Pr	incipal Place o	of Business:	New Principal Place	of Business:
	COUT GLEN ITE, FL 32038	US		
Current Ma	ailing Address	:	New Mailing Addres	s:
	COUT GLEN ITE, FL 32038	US		
FEI Number:	59-2634237	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Re				of New Registered Agent:
	NID ALL			
	OOUT GLEN ITE, FL 32038	US		
487 SW SC FORT WHI The above	COUT GLEN ITE, FL 32038		ourpose of changing its registere	ed office or registered agent, or both,
487 SW SC FORT WHI The above	COUT GLEN ITE, FL 32038 named entity su of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
487 SW SC FORT WHI The above n the State	COUT GLEN ITE, FL 32038 named entity su of Florida. RE:			od office or registered agent, or both, Date
487 SW SC FORT WHI The above n the State SIGNATUR	COUT GLEN ITE, FL 32038 named entity su of Florida. RE: Electronic	ıbmits this statement for the p		
487 SW SC FORT WHI The above n the State SIGNATUR	COUT GLEN ITE, FL 32038 named entity su of Florida. RE: Electronic	Ibmits this statement for the positions of Registered Age Trust Fund Contribution ().	ent	
487 SW SC FORT WHI The above n the State SIGNATUR	cout GLEN ITE, FL 32038 named entity su of Florida. RE: Electronic npaign Financing	e Signature of Registered Age Trust Fund Contribution (). ORS: Delete P GLEN	ent	Date

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: RANDALL ROSS PD 04/25/2007