


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # J03349
 1. Entity Name
THE CREATIVE CONNECTION, INC.



Principal Place of Business Mailing Address
 2001 W. SAMPLE ROAD, SUITE 412 2001 W. SAMPLE ROAD, SUITE 412
 POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2655808 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CIBELLA, CHARLES V.
 5273 ADAMS RD.
 DELRAY BCH., FL 33484

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

1100000280987
 03/30/05-80033-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CIBELLA, CHARLES V.
STREET ADDRESS	5273 ADAMS ROAD
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	D
NAME	BOYLE, BRUCE P.
STREET ADDRESS	6312 NW 42ND TERRACE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: Charles Cibella 3/29/05 954-908-0115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #