

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90025 050 ***158.75

DOCUMENT # J49710

1. Entity Name

CREATIVE PARTY THEMES, INC.



Principal Place of Business

651 N.E. 45 ST.
FORT LAUDERDALE FL 33334
US

Mailing Address

1844 N. NOB HILL ROAD
#409
PLANTATION FL 33322
US

2. Principal Place of Business

3300 SW 3 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)



City & State

FORT LAUDERDALE, FL

City & State

4. FEI Number

65-0000346

Applied For

Not Applicable

Zip

33315

Country

USA

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, STUART A
1454 NW 105 AVE
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME SCHULTZ, STUART A
STREET ADDRESS 1454, N.W. 105 AVE
CITY-ST-ZIP PLANTATION FL

TITLE VS ☐ Delete
NAME SCHULTZ, BERNETTE
STREET ADDRESS 1454, N.W. 105 AVE
CITY-ST-ZIP PLANTATION FL

TITLE S ☐ Delete
NAME SCHULTZ, STUART A
STREET ADDRESS 1454 N.W. 105 AVE
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/06 954) 476-0806