

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J92399

Entity Name: CASUAL CREATIONS, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

C/O PAMELA J. COCHRAN
481 MARY ESTHER BLVD.
MARY ESTHER, FL 32569

Current Mailing Address:

C/O PAMELA J. COCHRAN
481 MARY ESTHER BLVD.
MARY ESTHER, FL 32569

New Principal Place of Business:

C/O PAMELA J. COCHRAN
211 JONQUIL AVENUE
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

C/O PAMELA J. COCHRAN
P O BOX 549
MARY ESTHER, FL 32569 US

FEI Number: 59-2847240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCHRAN, PAMELA J.
247 SLEEPY OAKS ROAD, NW
FT WALTON BCH., FL 32548 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COCHRAN, FRED J.,
Address: 247 SLEEPY OAKS ROAD, NW
City-St-Zip: FT. WALTON BCH., FL

Title: DVT () Delete
Name: COCHRAN, PAMELA J.,
Address: 247 SLEEPY OAKS ROAD, NW
City-St-Zip: FT. WALTON BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COCHRAN, FRED J.,
Address: 247 SLEEPY OAKS ROAD, NW
City-St-Zip: FT. WALTON BCH., FL 32548 US

Title: DVT (X) Change () Addition
Name: COCHRAN, PAMELA J.,
Address: 247 SLEEPY OAKS ROAD, NW
City-St-Zip: FT. WALTON BCH., FL 32548 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: COCHRAN, PAMELA J

DVT

04/22/2005

Electronic Signature of Signing Officer or Director

Date