

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J92399

Entity Name: CASUAL CREATIONS, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2847240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COCHRAN, PAMELA J DVT
211 JONQUIL AVENUE
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: P O BOX 191
City-St-Zip: DE FUNIAK SPRINGS, FL 32435 US

Title: DVT () Delete
Name: COCHRAN, PAMELA J.
Address: P O BOX 191
City-St-Zip: DE FUNIAK SPRINGS, FL 32435 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COCHRAN, FRED J.
Address: 211 JONQUIL AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: DVT (X) Change () Addition
Name: COCHRAN, PAMELA J.
Address: 211 JONQUIL AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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: PAMELA J. COCHRAN

DVT

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date