2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				
DOCUMENT # K03302 1. Entity Name				
KREATIVE KLASE INC.			FILED	
			06 MAY 16 PM 4: 18	
Principal Place of Business		Mailing Address		SECRETION
4206 E 98TH AVE TAMPA FL 33617 US		4206 E 98TH AVE TAMPA FL 33617 US		TATOTIVE
2. Principal Place of Business		3. Mailing Address		
Suite. Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-2861285 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
			Name	
SIMPSON, BIRDIE F 4206 E 98TH AVE TAMPA FL 33617			Street Addres	ss (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. Lam familiar with, and accept				
the obligations of registered agent.				
SIGNATURE Signature, typed or priviled name of registered agent and take if applicable (NOTE Registered Agent signature required when remaining) DATE				
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be				
After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11.			T 11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PST	Delete	TITLE	
NAME	SIMPSON, BIRDIE F		NAME	05731/0601028004 **158.00
STREET ADDRESS CITY-ST-ZIP	1		STREET AODRESS CITY-ST-ZIP	557 517 55 51525 554 1111111
TITLE	TAMPA FL 33617	D-l-th	-	Change Addition
NAME	BACOAT-JONES, TONNI	☐ Delete	TITLE NAME	☐ Change ☐ Addition 1
STREET ADDRESS	4206 E 98TH AVE		STREET ADDRESS	
CITY-ST-ZIP	CATONSVILLE MD 21228		CITY-ST-ZIP	
TITLE	ВМ	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	SULLIVAN, PERRY II 4211 RIVER HILLS DR		NAME STREET ADDRESS	The second secon
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP	
TITLE	*****	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME CIPIET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHY-ST-ZIP	
TITLE	ا د ا	Delete	TITLE	Change Addition
NAME	15 5/03	/ N	NAME	
STREET ADDRESS CITY-ST-ZIP	13 5/23,	UY	STREET ADDRESS CITY-ST-ZIP	
TITLE	,	☐ Delete	THTLE	Change Addition
NAME	†	L Doicit	NAME	_ sharps _ radiitor
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	certify that the information availand w	ith this filing does not qualify to	CITY-ST-ZIP	ained in Section 119, Florida Statutes, I further certify that the information
T TALL THEIRDY	certify that the infollottethor Shobiled W	no una mina aces nol cuality lo	o one exemplicits conta	anico in Section Fra. Fichua Siatutes, Fibilitel Centry Mat the Miormanon

12. 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 like empowered.

SIGNATURE: SIGNATURE AND TYPES OR PRIMITED HAND OF SIGNING OFFICER OR DIRECTS

(NTPSON (Pate 8/3) Dayling Phone 4 1 2 5 5