# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2007**
**Secretary of State**

DOCUMENT# K03302

**Entity Name:** KREATIVE KLASE INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 4206 E 98TH AVE<br>TAMPA, FL 33617 US | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 4206 E 98TH AVE<br>TAMPA, FL 33617 US | |

FEI Number: 59-2861285          FEI Number Applied For ( )          FEI Number Not Applicable ( )          Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| SIMPSON, BIRDIE F<br>4206 E 98TH AVE<br>TAMPA, FL 33617 US | |

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:

| | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |
|---|---|---|

Title:     PST          ( ) Delete          Title:                    ( ) Change ( ) Addition
Name:    SIMPSON, BIRDIE F              Name:
Address: 4206 E 98TH AVE               Address:
City-St-Zip: TAMPA, FL 33617           City-St-Zip:

Title:     V          ( ) Delete          Title:                    ( ) Change ( ) Addition
Name:    BACOAT-JONES, TONNI           Name:
Address: 4206 E 98TH AVE               Address:
City-St-Zip: CATONSVILLE, MD 21228     City-St-Zip:

Title:     BM          ( ) Delete          Title:                    ( ) Change ( ) Addition
Name:    SULLIVAN, PERRY II            Name:
Address: 4211 RIVER HILLS DR           Address:
City-St-Zip: TAMPA, FL 33617           City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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:  BIRDIE SIMPSON                                   PST                    04/24/2007
          Electronic Signature of Signing Officer or Director                              Date