2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88997

FILED Jun 19, 2008 Secretary of State

Entity Name: CREATIVE DESIGNS, INC.

Current F	Principal Place of Business:	New Principal Place of Business:
	HWAY A1A	
UNIT #40 [.] INDIAN H.	1 ARBOUR BEACH, FL 32937 US	
Current N	Mailing Address:	New Mailing Address:
2195 HIGI	HWAY A1A	
UNIT #40 [.] INDIAN H.	1 ARBOUR BEACH, FL 32937 US	
FEI Number	r: 59-2960977 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
1001 HEA SUITE 400		
	RY, FL 32746 US	
The above	,	e purpose of changing its registered office or registered agent, or both,
The above in the Stat	e named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
The above in the Stat	e named entity submits this statement for the of Florida.	
The above in the Stat SIGNATU in accordar	e named entity submits this statement for the of Florida. IRE: Electronic Signature of Registered Ance with s. 607.193(2)(b), F.S., the corporation dic	Agent Date
The above in the Stat SIGNATU In accordar Election Ca	e named entity submits this statement for the of Florida. IRE: Electronic Signature of Registered A	Agent Date
The above in the Stat SIGNATU in accordar Election Ca OFFICER Title: Name: Address:	e named entity submits this statement for the of Florida. IRE: Electronic Signature of Registered Ance with s. 607.193(2)(b), F.S., the corporation disampaign Financing Trust Fund Contribution ().	Agent Date I not receive the prior notice.
The above in the Stat SIGNATU In accordar Election Ca	e named entity submits this statement for the of Florida. IRE: Electronic Signature of Registered Ance with s. 607.193(2)(b), F.S., the corporation dicumpaign Financing Trust Fund Contribution (). IS AND DIRECTORS: PT () Delete COMPTON, WILLIAM C 2195 HIGHWAY A1A, UNIT #401	Agent Date I not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

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: TINA A COMPTON VΡ 06/19/2008