

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

01-09-2004 90068 027 \*\*\*158.75

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<b>DOCUMENT # K89160</b> 1. Entity Name <b>CREATIVE MARKETING PRODUCTS, INC.</b>					
Principal Place of Business <b>3460 FAIRLANE FARMS RD. SUITE 13 WEST PALM BEACH, FL 33414 US</b>			Mailing Address <b>3460 FAIRLANE FARMS RD. SUITE 13 WEST PALM BEACH, FL 33414 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0126139</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CRANSTON, MARY SUE 3460 FAIRLANE FARMS RD. SUITE 13 WELLINGTON, FL 33414</b>			Name <b>DARELL BOWEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3460 FAIRLANE FARMS RD. #13</b> City <b>WELLINGTON</b> <b>FL</b> Zip Code <b>33414</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <span style="float: right;">1/7/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DIRECTOR</b> <b>CRANSTON, MARY S</b> <b>12253 ROCKLEDGE CIR</b> <b>BOCA RATON, FL 33428</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CRANSTON, MARY S</b> <b>12253 ROCKLEDGE CIR</b> <b>BOCA RATON FL 33428</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY TREASURER</b> <input type="checkbox"/> Delete <b>NEWKIRK, JEFFREY JAMES</b> <b>4252 HUNTING TRAIL</b> <b>LAKE WORTH, FL 33467</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY DIR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NEWKIRK, JEFFREY JAMES</b> <b>4252 HUNTING TRAIL</b> <b>LAKE WORTH, FL 33467</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DIRECTOR</b> <input type="checkbox"/> Delete <b>BOWEN, DARELL</b> <b>12669 HEADWATER WAY</b> <b>WELLINGTON, FL 33414</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BOWEN, DARELL</b> <b>12669 HEADWATER WAY</b> <b>WELLINGTON, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BOWEN, SHERRY</b> <b>12669 HEADWATER WAY</b> <b>WELLINGTON, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>DARELL BOWEN</b> <span style="float: right;">1/7/04 561-758-2424</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					