2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K90043 1. Entity Name CREATIVE CONCRETE DESIGN, INC.			May 02, 2005 08:00 AM Secretary of State
Principal Place of Business 895 WOODLANDS DR PT. ST. LUCIE FL 34952	Mailing Address 895 WOODLANDS DR PT. ST. LUCIE FL 3499		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State	City & State		4. FEI Number 65-0222403 Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Search Sequired \$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
LINEBURG, GREGORY L. 895 WOODLANDS DRIVE PORT ST. LUCIE FL 34952			(P.O. Box Number is Not Acceptable) □ Zip Code
The above named entity submits this statement for	or the purpose of changing its		ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable [NCT]	E Registered Agent signature require	od when roinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00			9. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to Fees
Make Check Payable to Florida Department of the Check Payable to Flo	· 1	11.	ACDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME LINEBURG, GREGORY L	☐ Delete	TITLE NAME	U00000353067 U5/03/05-80051-019 150.00
STREET ADDRESS 895 WOODLANDS DR PT ST LUCIE FL		STREET ADDRESS City - St - Zip	09/03/05-88021-018 120:00
TITLE	☐ Delete	TITLE	☐ Change ☐ Additlor
STREET ADDRESS . CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CHY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE	Change Additlor
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-SI-ZIP	
TITLE NAME	☐ Delete	TITLE	Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-7IP	
indicated on this report or supplemental report is	s true and accurate and that r	ny signature shall have the	ection 119 07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if 172 burg 4/29/05 4(1-3738)

FILED