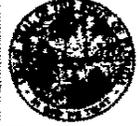


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K96861**  
 1. Entity Name  
**CREATIVE INSTALLATION SERVICES, INC.**



Principal Place of Business      Mailing Address  
**5044 NW 47TH AVE**      **5044 NW 47TH AVE**  
**COCONUT CREEK, FL 33073 US**      **COCONUT CREEK, FL 33073 US**

**DO NOT WRITE IN THIS SPACE**



04252004    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**65-0127942**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PORTER, STEVEN**  
**5044 NW 47TH AVE**  
**COCONUT CREEK, FL 33073**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

000000134442  
 04/28/04-80019-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, STEVEN 5044 NW 47TH AVE COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PORTER, HEIDI 5044 NW 47TH AVE COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Heidi Porter    Heidi Porter    4/25/04    954-570-9093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #