


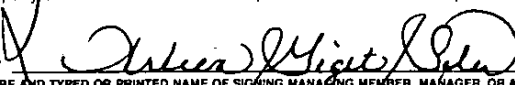


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 21 AM 8:56

DOCUMENT # L03000040825 1. Entity Name CREATIVE MARKETING TECHNIQUES, LLC					
Principal Place of Business 2708 VAN BUREN PKWY CAPE CORAL, FL 33993			Mailing Address 2708 VAN BUREN PKWY CAPE CORAL, FL 33993		
2. Principal Place of Business 1031 Cape Coral Parkway East Suite, Apt. #, etc. A208 City & State Cape Coral, FL Zip 33904 Country Lec		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip - Country			
09062005 Chg-LLC CR2E083 (10/03)				4. FEI Number 20-0347723	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CRAMER, CURTIS 2708 VAN BUREN PKWY CAPE CORAL, FL 33993			7. Name and Address of New Registered Agent Name Arleen Giget Soler Street Address (P.O. Box Number is Not Acceptable) 1031 Cape Coral Parkway East A208 City Cape Coral FL Zip Code 33904		
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  DATE 9-5-2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME CRAMER, CURTIS STREET ADDRESS 2708 VAN BUREN PKWY CITY-ST-ZIP CAPE CORAL, FL 33993	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME BUTLER, ARLEEN STREET ADDRESS 2708 VAN BUREN PKWY CITY-ST-ZIP CAPE CORAL, FL 33993	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME Soler, Arleen Giget STREET ADDRESS 2708 Van Buren Parkway CITY-ST-ZIP Cape Coral, FL 33993	<input type="checkbox"/> Change <input checked="" 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	
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	
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	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date 9-5-2005		