

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009854

FILED
Apr 25, 2007
Secretary of State

Entity Name: CREATIVE HOMEWORKS LLC

Current Principal Place of Business:

926 SOUTHWEST RUSTIC CIRCLE
STUART, FL 34997 US

New Principal Place of Business:

4360 BUCK POINT RD.
JACKSONVILLE, FL 32210 US

Current Mailing Address:

926 SOUTHWEST RUSTIC CIRCLE
STUART, FL 34997 US

New Mailing Address:

4360 BUCK POINT RD.
JACKSONVILLE, FL 32210 US

FEI Number: 59-3782355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMMONS, PETER D
926 SOUTHWEST RUSTIC CIRCLE
STUART, FL 34997 US

Name and Address of New Registered Agent:

SAMMONS, PETER D
4360 BUCK POINT RD.
JACKSONVILLE, FL 32210 US

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.

SIGNATURE:

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAMMONS, PETER D
Address: 926 SW. RUSTIC CIRCLE
City-St-Zip: STUART, FL 34997 US

Title: SCTY (X) Delete
Name: SYLVIA, JOHN
Address: 626 SW RUSTIC CIRCLE
City-St-Zip: STUART, FL 34997 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAMMONS, PETER D
Address: 4360 BUCK POINT RD.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic 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: PETER SAMMONS

PRES

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date