



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000019718		
1. Entity Name THE GIFT OF CREATIVITY, LLC		

Principal Place of Business 6105 RALEIGH ST. #316 ORLANDO, FL 32835	Mailing Address 6105 RALEIGH ST. #316 ORLANDO, FL 32835
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2. Principal Place of Business 600 Victory Garden Drive Suite, Apt. #, etc. J83		3. Mailing Address 5833 Marblewood Lane Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee	
Zip 32301	Country USA	Zip 32309	Country USA

FILED *jm*
05 MAY 27 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05092005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent HALL, ERIKA M 6105 RALEIGH ST. #316 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600 Victory Garden Dr. J83 City Tallahassee FL Zip Code 32301	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, ERIKA M 6105 RALEIGH ST. #316 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 Victory Garden Dr, J83 Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM Mamie M. Hall 5833 Marblewood Lane Tallahassee, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM Oscar Hall, SR. 5833 Marblewood Lane Tallahassee, FL 32309
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 700055404097 05/27/05--01028--026 **50.00
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: *Erika M. Hall* 5/1/05 850-656-7066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #