

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000093670

FILED
Aug 23, 2006
Secretary of State**Entity Name:** CREATIVE CUTTING EDGE, LLC**Current Principal Place of Business:**855 E BRANDON BLVD., STE 3
BRANDON, FL 335115408**New Principal Place of Business:****Current Mailing Address:**855 E BRANDON BLVD., STE 3
BRANDON, FL 335115408**New Mailing Address:****FEI Number:** 20-2085282**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITH, SANDNRA J
3303 LITTLE RD
VALRICO, FL 33594 US**Name and Address of New Registered Agent:**SMITH, SANDRA J
3303 LITTLE RD
VALRICO, FL 33594 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: SANDRA J SMITH

08/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: SMITH, SANDRA J
Address: 3303 LITTLE RD
City-St-Zip: VALRICO, FL 33594**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR () Change (X) Addition
Name: CROWE, DONALD W JR
Address: 3421 BLOWING OAK
City-St-Zip: VALRICO, FL 33594**Title:** MGR () Change (X) Addition
Name: SMITH, GREGORY L
Address: 3303 LITTLE RD
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA J SMITH

MGRM

08/23/2006

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