## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 04, 2006 8:00 am Secretary of State

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CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDENS, FL 33410  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, bear or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, bear or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State   Filling Fee Is \$50.00  Make check payable to Florida Department of State  Filling Fee Is \$50.00  Make Check payable to Florida Department of State  SIGNATURE STATE (PARCES)  OUT \$1.70.70  Make Check payable to Florida Department of State  SIGNATURE STATE (PARCES)  OUT \$1.70.70  Make Check payable to Florida Department of State  SIGNATURE STATE (PARCES)  OUT \$1.70.70  OUT \$1.70.70  OUT \$1.70.70		6. Name	and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered /	Agent	
PALM BEACH GARDENS, FL 33410  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   Sign	•						1505 11		<del>,</del>	<u> </u>	
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rhrida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Filling Fee is \$50.00   Due by May 1, 2006   Paper and stor # applicable. (NOTE Registered Agent suprature required when revoluted					Street Address			r is Not Acceptable	*) .		
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11. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 early 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: John Syllon Janet M. Carlof Film 5/1/06(89)259-235%