2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L05000080235

Entity Name: CREATIVE REDESIGN SOLUTIONS LLC

Current Principal Place of Business:

842 MAPLE TREE LANE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

842 MAPLE TREE LANE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORRELS, KATHLEEN V
842 MAPLE TREE LANE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: SORRELS, KATHLEEN V MGRM
Address: 842 MAPLE TREE LANE
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM ( ) Change (X) Addition
Name: GREENLEE, CARMON
Address: 779 HUMPHREY CIRCLE
City-St-Zip: DELTONA, FL 32738 US

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: KATHLEEN V. SORRELS MGRM 04/18/2006

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