

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002120

Entity Name: CREATIVE GENIUS, LLC

FILED  
Jan 12, 2007  
Secretary of State

**Current Principal Place of Business:**

22042-1226 MURPHY ROAD  
SARNIA, ON N75 6J4

**New Principal Place of Business:**

**Current Mailing Address:**

22042-1226 MURPHY ROAD  
SARNIA, ON N75 6J4

**New Mailing Address:**

FEI Number: 20-5050248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, SCOTT A  
689 SO. APOLLO BLVD.  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

RESSLER, JEFFREY D  
8177 GLADES ROAD, SUITE 106  
BOCA RATON, FL 33434 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: JEFFREY RESSLER

01/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MBR ( ) Delete  
Name: DIETZEL, FLORA  
Address: 22042-1226 MURPHY ROAD  
City-St-Zip: SARNIA, ON N75 4X6

Title: MGR ( ) Delete  
Name: HOLLINGSWORTH, JOHN  
Address: 1033 LILAC AVENUE  
City-St-Zip: SARNIA, ON N75 2A8

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DIETZEL, FIONA  
Address: 22042-1226 MURPHY ROAD  
City-St-Zip: SARNIA, ON N75 4X6

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

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: GLENN DIETZEL

CEO

01/12/2007

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