2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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Entity Name: CREATIVE INVESTMENT AGENCY LLC

Current Principal Place of Business:

21 OAKWOOD ROAD
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

952 CLASSIC VIEW DR
AUBURNDALE, FL 33823 US

Current Mailing Address:

21 OAKWOOD ROAD
WINTER HAVEN, FL 33880 US

New Mailing Address:

P.O. BOX 670
AUBURNDALE, FL 33823 US

FEI Number: 42-1691785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAHLMAN, JASON S
21 OAKWOOD ROAD
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

PAHLMAN, JULIE D
952 CLASSIC VIEW DR
AUBURNDALE, FL 33823 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: JULIE D PAHLMAN 04/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PAHLMAN, JASON S
Address: 21 OAKWOOD ROAD
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: MGR (X) Delete
Name: PAHLMAN, JULIE D
Address: 21 OAKWOOD ROAD
City-St-Zip: WINTER HAVEN, FL 33880 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PAHLMAN, JULIE D
Address: 952 CLASSIC VIEW DR
City-St-Zip: AUBURNDALE, FL 33823 US

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

I hereby certify that the information supplied with this filing does not qualify 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: JULIE D PAHLMAN MGR 04/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date