2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032618

Entity Name: CREATING DREAMS LLC

4187 N. HAVERHILL ROAD, #501

WEST PALM BEACH, FL 33417

Address:

City-St-Zip:

FILED May 26, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: | |
|--|----------------------------------|---|
| 4187 N. HAVERHILL ROAD APT.501 WEST PALM BEACH, FL 33417 | | |
| Current Mailing Address: | New Mailing Address | s: |
| 4187 N. HAVERHILL ROAD APT.501 WEST PALM BEACH, FL 33417 | | |
| FEI Number: 51-0574159 FEI Number Applied For () In accordance with s. 607.193(2)(b), F.S., the limited liability compa Name and Address of Current Registered Agent: | • | Certificate of Status Desired (X) . f New Registered Agent: |
| DELLERSON, CHAD E 4187 N. HAVERHILL ROAD APT.501 WEST PALM BEACH, FL 33417 US | | |
| The above named entity submits this statement for the purpin the State of Florida. | pose of changing its registered | d office or registered agent, or both |
| SIGNATURE: | | |
| Electronic Signature of Registered Agent | | Date |
| MANAGING MEMBERS/MANAGERS: | ADDITIONS/CHANGES: | |
| Title: MGR () Delete Name: ABBOTT, AARON | Title: Name: | () Change () Addition |

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: CHAD DELLERSON MGR 05/26/2008