

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076514

FILED
May 16, 2007
Secretary of State

Entity Name: ECREATIVES GROUP, LLC

Current Principal Place of Business:

507 NEPTUNE BAY CIRCLE
APT. 5075
ST. CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 450522
KISSIMMEE, FL 34745 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NIEVES, IVONNE
507 NEPTUNE BAY CIRCLE
APT. 5075
ST. CLOUD, FL 34745 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAINS, EDGARDO
Address: P.O. BOX 450522
City-St-Zip: KISSIMMEE, FL 34745 US

Title: MGRM () Delete
Name: NIEVES, IVONNE
Address: 507 NEPTUNE BAY CIRCLE APT. 5075
City-St-Zip: ST. CLOUD, FL 34769 US

ADDITIONS/CHANGES:

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

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: EDGARDO CAINS

MR.

05/16/2007

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