2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 DEC 11 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000076514

1. Entity Name
ECREATIVES GROUP, LLC

Principal Place of Business
2156 CONTINENTAL ST.
ST. CLOUD, FL 34769 US

Mailing Address
P.O. BOX 450522
KISSIMMEE, FL 34745 US

2. Principal Place of Business (No P.O. Box #)	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

05142008 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR 2053119711

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Ivonne Nieves
Street Address (P.O. Box Number is Not Acceptable): 2156 Continental St
St Cloud FL Zip Code 3476

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 12/10/08

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CAINS, EDGARDO P O BOX 450522 KISSIMMEE, FL 34745	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NIEVES, IVONNE 507 NEPTUNE BAY CIRCLE APT 5075 ST CLOUD, FL 34769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Nieves, Ivonne 2156 Continental St Saint Cloud Fl 34769	☒ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/24/08-01038-001-$153.75	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 12/10/08 407-556-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE