

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005647

FILED
Apr 21, 2009
Secretary of State

Entity Name: CREATIVE CONCEPTS INTERNATIONAL, LLC

Current Principal Place of Business:

2922 PLEASANT HILL RD.
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

986 TRAMELL TRAIL
KISSIMMEE, FL 34744

New Mailing Address:

986 TRAMELLS TRAIL
KISSIMMEE, FL 34744

FEI Number: 20-8243398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDONI, TULLIO J
986 TRAMELL TRAIL
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

BALDONI, TULLIO J
986 TRAMELLS TRAIL
KISSIMMEE, FL 34744 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: BALDONI TULLIO J

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BALDONI, TULLIO J
Address: 986 TRAMELL TRAIL
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM () Delete
Name: CEDENO, IRMA A
Address: 986 TRAMELL TRAIL
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BALDONI, TULLIO J
Address: 986 TRAMELLS TRAIL
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM (X) Change () Addition
Name: CEDENO, IRMA A
Address: 986 TRAMELLS TRAIL
City-St-Zip: KISSIMMEE, FL 34744

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: CEDENO IRMA A

MGRM

04/21/2009

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