2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 10, 2008 8:00 am
Secretary of State
04-10-2008 90127 014 ***138.75

DOCUMENT # L07000024089

1. Entity Name
CREATIVITY QUEEN, LLC

Principal Place of Business
9040 TOWN CENTER PARKWAY, SUITE 207
BRADENTON FL 34202
newaddress

Mailing Address
2735 FLOYD ST.
SARASOTA FL 34239

2. Principal Place of Business - No P.O. Box #
1911 Morrill St

Suite, Apt. #, etc.

City & State
Sarasota FL

Zip
34236

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E083 (10/07)

4. FEI Number
26-0368000
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DESSAUER, LAURA
~~9040 TOWN CENTER PARKWAY, SUITE 207~~
~~BRADENTON FL 34202~~

7. Name and Address of New Registered Agent

Name: Dessauer, Laura
Street Address (P.O. Box Number is Not Acceptable): 1911 Morrill St
City: Sarasota FL Zip Code: 34236

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: Laura Dessauer mgr DATE: 3/19/08
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR ☐ Delete
NAME	DESSAUER, LAURA J
STREET ADDRESS	2735 FLOYD ST.
CITY-ST-ZIP	SARASOTA FL 34239
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Laura Dess mgr 3/19/08 941 5048495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #