


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90083 026 ***150.00

DOCUMENT # L78787 1. Entity Name CREATIVE COMPUTER DESIGNS INC.					
Principal Place of Business 167 PALCID DRIVE LAKE PLACID, FL			Mailing Address 167 PALCID DRIVE LAKE PLACID, FL 33852		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0204120 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04122007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent POURGHAFARI, LINDA LUTES 13240 SW 28TH PL DAVIE, FL 33330			7. Name and Address of New Registered Agent Name Linda Lutes Pourghafari Street Address (P.O. Box Number is Not Acceptable) 167 Palcid Dr Lake Placid City FL Zip Code 33852		
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: <u><i>Linda Pourghafari</i></u> DATE: <u>4/11/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME POURGHAFARI, LINDA LUTES STREET ADDRESS 167 Palcid Dr CITY-ST-ZIP LAKE PLACID FL 33852			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Linda Pourghafari</i></u> DATE: <u>4/11/07</u> <small>(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					