



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

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|--|--|---|------------------------------------|-------------------------------|--|--|
| DOCUMENT # M89861 | |  | | | | |
| 1. Entity Name CREATIVE EMPLOYMENT SERVICES, INC. | | | | | | |
| Principal Place of Business 1600 SARNO RD. SUITE 207 MELBOURNE, FL 32935 | Mailing Address 1600 SARNO RD. SUITE 207 MELBOURNE, FL 32935 |  04182006 No Chg-P CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-2898551</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table> | 4. FEI Number 59-2898551 | Applied For Not Applicable | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 4. FEI Number 59-2898551 | Applied For Not Applicable | | | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| 6. Name and Address of Current Registered Agent YANDURA, BERNARD F. 5631 HERONS LANDING DRIVE ROCKLEDGE, FL 32955 | | DO NOT WRITE IN THIS SPACE | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | | | | | |
| TITLE | D | <div style="margin-bottom: 10px;">U00000520624 05/02/06-80103-005 158.75</div> DO NOT WRITE IN THIS SPACE | | | | |
| NAME | YANDURA BERNARD F | | | | | |
| STREET ADDRESS | 5631 HERONS LANDING DR | | | | | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32955 | | | | | |
| TITLE | D | | | | | |
| NAME | YANDURA, SUE R. | | | | | |
| STREET ADDRESS | 5631 HERONS LANDING DR | | | | | |
| CITY-ST-ZIP | ROCKLEDGE, FL 32955 | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
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| CITY-ST-ZIP | | | | | | |
| 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>Bernard F. Yandura</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>4/18/06</u> Daytime Phone # <u>321-255-0333</u> <div style="text-align: right;">X16</div> | | | | |