

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000583

FILED
Feb 28, 2007
Secretary of State

Entity Name: CREATION FOUNDATION, INC.

Current Principal Place of Business:

8911 TIMBER OAKS AVE
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

9509 PALM AVENUE
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-3631650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASE, SUZANNE
9509 PALM AVENUE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALLEJA, SARA
Address: 8704 BEAVER LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: RYAN, MICHAEL
Address: 8126 TANTALLON WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: BUYEA, THOMAS
Address: 4111 TOP SAIL TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: DIPRONIO, FRANK
Address: 6242 STAUNTON DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: GIORDANO, GREG
Address: 8217 MASS AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: ABBERGER, WILL
Address: 5444 BELLEVIEW AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MERRICKS, HOWARD
Address: 9532 VENTURI DRIVE
City-St-Zip: TRINITY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CODER, CHUCK
Address: 10327 MICANOPY STREET
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHUCK CODER

D

02/28/2007

Electronic Signature of Signing Officer or Director

_____ Date