2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N00000002266

Entity Name: CREATIVE CONCEPTS OF NIKA, INC.

Current Principal Place of Business:

528 NORTHWEST 19TH STREET
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6091
MIAMI, FL 33101

New Mailing Address:

FEI Number: 55-0788670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADKER, WILLENE
528 NORTHWEST 19TH STREET
MIAMI, FL 331361224 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: DV ( ) Delete
Name: MCINTOSH, NIKKI
Address: 528 NORTWEST 19TH STREET
City-St-Zip: MIAMI, FL 331361224

Title: DST ( ) Delete
Name: MCINTOSH, TRANIKA
Address: 528 NORTHWEST 19TH STREET
City-St-Zip: MIAMI, FL 331361224

Title: DV ( ) Delete
Name: WALKER, TAURUS
Address: 528 NORTHWEST 19TH STREET
City-St-Zip: MIAMI, FL 331361224

Title: DP ( ) Delete
Name: ADKER, WILLENE
Address: 528 NORTHWEST 19TH STREET
City-St-Zip: MIAMI, FL 331361224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Section 119.07(3)(i), 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: WILLENE ADKER DP 04/27/2005

Electronic Signature of Signing Officer or Director — Date