# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 01, 2005**
**Secretary of State**

DOCUMENT# N01000005683

**Entity Name:** CREATION TWO INC.

**Current Principal Place of Business:**

623 E NOBLE AVE
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

623 E NOBLE AVE
WILLISTON, FL 32696

**New Mailing Address:**

**FEI Number: 65-1135391** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

BREE, DANYELLE
5745 SW 75 ST #257
GAINESVILLE, FL 32608 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: BREE, DANYELLE
Address: 5745 SW 75 ST #257
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: BROWN, EVON
Address: 8334 DUOMO CIR.
City-St-Zip: BOYNTON BCH, FL 33467

Title: COO ( ) Delete
Name: JONES, JOHNNIE
Address: 12030 NE 63 PL
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete
Name: BOATWRIGHT, GUSSIE
Address: 891 NE 200 AVE
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete
Name: BROWN, JOYCE
Address: 2786 NW 104 AVE #306
City-St-Zip: SUNRISE, FL 33322

**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:

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: DANYELLE BREE D 07/01/2005
Electronic Signature of Signing Officer or Director — Date