

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N01000005683

1. Entity Name  
CREATION TWO INC.



Principal Place of Business  
5745 SW 75 STREET  
#257  
GAINESVILLE, FL 32608

Mailing Address  
5745 SW 75 STREET  
#257  
GAINESVILLE, FL 32608



03052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1135391

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BREE, DANYELLE  
5745 SW 75 ST #257  
GAINESVILLE, FL 32608

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BREE, DANYELLE  
STREET ADDRESS 5745 SW 75 ST #257  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE D  
NAME BROWN, EVON  
STREET ADDRESS 8334 DUOMO CIR.  
CITY-ST-ZIP BOYNTON BCH, FL 33467

TITLE D  
NAME BROWN, JOYCE  
STREET ADDRESS 2786 NW 104 AVE #306  
CITY-ST-ZIP SUNRISE, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/01/08-80053-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08

Date

352-222-5387

Daytime Phone #

DANYELLE BREE