## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 10, 2008 8:00 am Secretary of State

DOCUMENT # N0200002540  1. Entity Name CREATION ADVENTURES MUSEUM, INC.						1	04-10-2008	3 9001 4 02:	l ****61.2	25
Principal Place 1220 W. IMO ARCADIA, FL	gene St.	Mailing Address 1220 W. IMOGENE ST. ARCADIA, FL 34266	1220 W. IMOGENE ST.				63630	H 6141 PARK 1616 I		
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04	072008	Chg-NP	CR2E0	37 (12/06)	,	
City & State		City & State				FEI Numbe 01-067			<b>⊢</b>	plied For t Applicable
Zip	Country	Zip	Country		5. (	Certificate	of Status Desir	ed 🔲	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. 1	Name and	Address of N	w Registered	Agent	
DARKER I	MARY M			Name						
PARKER, MARY M 1220 W. IMOGENE ST ARCADIA, FL 34266.				Street Ac	ddress (P.O. E	Box Numbe	ar is Not Accep	table)		
#**			}	City	FL Zip Code					e
	named entity submits this statement for ons of registered agent.			d office or	registered ag		h, in the State		familiar with,	and accept
	Signature, typed or printed name of registered agent				re required when r			OATE		
	Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Car Trust Fund (	mpaign Fi	inancing	\$5.	OO May B	ie		ck payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Car Trust Fund (	mpaign Fi	inancing	\$5.	00 May B ad to Fees		Make chec	rtment of S	tate
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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: MANYM, farker	MARY M PARKER	April 7, 2008	863-494-9558
SIGNATURE 1000 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO	t	Date	Daytime Phone #