


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-10-2008 90014 021 ****61.25

DOCUMENT # N02000002540 1. Entity Name CREATION ADVENTURES MUSEUM, INC.	
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Principal Place of Business 1220 W. IMOGENE ST. ARCADIA, FL 34266	Mailing Address 1220 W. IMOGENE ST. ARCADIA, FL 34266
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40063630



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04072008 Chg-NP CR2E037 (12/06)

4. FEI Number 01-0677811	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARKER, MARY M 1220 W. IMOGENE ST ARCADIA, FL 34266	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBD VAUGHAN, DEBORAH L 8475 CASCADE CT HIGHLANDS RANCH, CO 80126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAJCA, JOHN 1623 RAVENSWOOD AVE BEAUMONT, CA 92223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMES, DANA J 382 MONTAIN CHICADEE RD HIGHLANDS RANCH, CO 80126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Corrections) JAMES, DANA R 382 MOUNTAIN CHICKADEE RD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSES, DIANE E 7312 CANTON DR. LEMON GROVE, CA 91945 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LD LABORDA, JEFFREY 7312 CANTON DR. LEMON GROVE, CA 91945 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Corrections) 5040 LIVE OAK CIRCLE BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM PARKER, MARY M 1220 W. IMOGENE ST ARCADIA, FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary M. Parker MARY M PARKER April 7, 2008 863-494-9558
Signature and typed or printed name of signing officer or director Date Daytime Phone #