2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# N02000002540

Entity Name: CREATION ADVENTURES MUSEUM, INC.

Current Principal Place of Business:

1220 W. IMOGENE ST.
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

1220 W. IMOGENE ST.
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 01-0677811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKER, MARY M
1220 W. IMOGENE ST
ARCADIA, FL 34266 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: PBD
Name: VAUGHAN, DEBORAH L
Address: 8475 CASCADE CT
City-St-Zip: HIGHLANDS RANCH, CO 80126

Title: VPD
Name: RAJCA, JOHN
Address: 1623 RAVENSWOOD AVE
City-St-Zip: BEAUMONT, CA 92223

Title: SD
Name: JAMES, DANA R
Address: 382 MOUNTAIN CHICKADEE RD
City-St-Zip: HIGHLANDS RANCH, CO 80126

Title: TD
Name: MOSES, DIANE E
Address: 1155 PEPPER DRIVE
City-St-Zip: EL CAJON, CA 92021

Title: LD
Name: LABORDA, JEFFREY
Address: 5040 LIVE OAK CIRCLE
City-St-Zip: BRADENTON, FL 34207

Title: CM
Name: PARKER, MARY M
Address: 1220 W. IMOGENE ST
City-St-Zip: ARCADIA, FL 34266

I hereby 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 all other like empowered.

SIGNATURE: MARY M. PARKER CUR. 02/17/2011
Electronic Signature of Signing Officer or Director Date