2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000002899

Entity Name: CREATIVE DEVELOPMENT CONCEPTS, INC.

FILED Jan 12, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 207 RANKEN DR EDGEWATER, FL 32141 **Current Mailing Address: New Mailing Address:** 207 RANKEN DR EDGEWATER, FL 32141 FEI Number: 35-2164760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALLISON, JULIAN T 207 RANKEN DR EDGEWATER, FL 32141 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ALLISON, JULIAN T ALLISON, JULIAN T Name: Name: 207 RANKEN DR Address: 207 RANKEN DR Address: EDGEWATER, FL 32141 City-St-Zip: City-St-Zip: EDGEWATER, FL 32141 US Title: () Delete Title: (X) Change () Addition MEER, KENNETH M Name: MEER, KENNETH M Name: Address: 619 EXECUTIVE DR Address: 619 EXECUTIVE DR City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789 Title: () Delete Title: (X) Change () Addition COWHERD, PHILIP T ALLISON, JULIAN T Name: Name: 536 N WESTMORELAND DR, STE 7 207 RANKEN DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: EDGEWATER, FL 32141 US Title: () Delete Title: DIR (X) Change () Addition Name: COWHERD, W. RAY Name: ALLISON, JULIAN T 536 N WESTMORELAND DR, STE 7 207 RANKEN DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: EDGEWATER, FL 32141 US Title: () Delete Title: () Change (X) Addition MEER, KENNETH M Name: Name: 619 EXECUTIVE DRIVE Address: Address: City-St-Zip: City-St-Zip: WINTER PARK, FL 32789 US

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: JULIAN T. ALLISON P-D 01/12/2003