2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N03000006944

Entity Name: CREATIVETAMPABAY, INC.

Current Principal Place of Business:

1600 E. 8TH AVENUE
SUITE A117
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1600 E. 8TH AVENUE
SUITE A117
TAMPA, FL 33605

New Mailing Address:

FEI Number: 37-1472868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTALDI, RONALD A
101 E. KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602 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: C ( ) Delete
Name: MANION, DONNA
Address: 1440 BENT TREE DRIVE
City-St-Zip: TAMPA, FL 33543

Title: D ( ) Delete
Name: ROBERTS, DEANNE
Address: 1715 E 9TH AVE
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete
Name: SENA, MARK
Address: 1440 BENT TREE DRIVE
City-St-Zip: TAMPA, FL 33606

Title: D (X) Delete
Name: PALMA, JIM
Address: 2205 NORTH 20TH STREET250
City-St-Zip: TAMPA, FL 33605

Title: T ( ) Delete
Name: CORNELIUS, JOANN
Address: 1600 E. 8TH AVENUE SUITE A117
City-St-Zip: TAMPA, FL 33605

Title: S ( ) Delete
Name: HENDRICKS, MEGAN
Address: 4202 E. FOWLER AVE., BSN 3403
City-St-Zip: TAMPA, FL 33620

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MANION, DONNA
Address: 1440 BENT TREE DRIVE
City-St-Zip: TAMPA, FL 33543

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: SENA, MARK
Address: 1440 BENT TREE DRIVE
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOANN CORNELIUS T 04/08/2009

Electronic Signature of Signing Officer or Director — Date