

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2006
Secretary of State**

DOCUMENT# N03932

Entity Name: CREATIVE ARTISTS GUILD, INC.

Current Principal Place of Business:

C/O BEVERLY HILLER
9103 WATER HAZZARD DRIVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

C/O BEVERLY HILLER
9103 WATER HAZZARD DRIVE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-2424558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VOLTZ, MARION
1460 SAN ROY DRIVE
DUNEDIN, FL 34698 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: DC () Delete
Name: HELLER, BEVERLY
Address: 9103 WATER HAZZARD DR
City-St-Zip: HUDSON, FL 34667

Title: VD () Delete
Name: SHAPLER, CHUCK
Address: 2380 WORLD PKWY BLVD., #6
City-St-Zip: CLEARWATER, FL 33763

Title: S () Delete
Name: MENDICINO, VI
Address: 1212 TIMBERBROOKE DRIVE
City-St-Zip: PALM HARBOR, FL 34684

Title: T () Delete
Name: WOOD, ANITA
Address: 1040 MAIN STREET, #8
City-St-Zip: DUNEDIN, FL 34698

Title: T () Delete
Name: VOLTZ, MARION
Address: 1460 SAN ROY DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: MCCORMICK, ELAINE
Address: 2258 EDYTHE DRIVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: HAMILTON, MARY
Address: P.O. BOX 8853
City-St-Zip: MADEIRA BEACH, FL 33738

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

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 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: ANITA WOOD

T

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date