

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03932

FILED
Jan 07, 2008
Secretary of State

Entity Name: CREATIVE ARTISTS GUILD, INC.

Current Principal Place of Business:

C/O ANITA WOOD
1040 MAIN ST. #8
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

C/O ANITA WOOD
1040 MAIN ST. #8
DUNEDIN, FL 34698

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:

WOOD, ANITA
1040 MAIN ST. #8
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: WOOFTER, BEVERLY
Address: 1400 GULF BLVD., APT. 407
City-St-Zip: CLEARWATER, FL 33767 US

Title: VD () Delete
Name: KURTZ, PAT
Address: 906 WHIPPORWILL DR.
City-St-Zip: PALM HARBOR, FL 34683 US

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

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

Title: T () Delete
Name: SCHULTZ, BARBARA
Address: 10405 MONARCH DRIVE
City-St-Zip: LARGO, FL 33774 US

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: () 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:

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: ANITA WOOD

Electronic Signature of Signing Officer or Director

TREA

01/07/2008

Date