


**2007 NOT-FOR-PROFIT CORPORATION,  
ANNUAL REPORT**

**FILED**

**Apr 13, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # N37005</b>		
1. Entity Name <b>CREATIVE COMMUNITY RESOURCES, INC.</b>		
Principal Place of Business <b>PO BOX 880048 BOCA RATON, FL 33488</b>	Mailing Address <b>PO BOX 880048 BOCA RATON, FL 33488</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BRESLOW, ARON 7683 ESTRELLA CR BOCA RATON, FL 33433</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000707157 04/24/07-80063-012 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOSKI, BOB 20914 HAMACA CT. BOCA RATON, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, MARK 1580 BOCA RATON BLVD. BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOBBS, RITA SE 5TH AVE., VILLA #1234 BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BRESLOW, ARON 7683 ESTRELLA CIRCLE BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALDWELL, PASTOR C. 6301 SW 18 ST BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <b>ARON BRESLOW - ARON BRESLOW</b>		<b>4/11/07 (561) 483-8093</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>