


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47099</b> 1. Entity Name THE CREATIVE ARTS FOUNDATION, INC.	
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Principal Place of Business 1624 LAKE MIRROR DR. WINTER HAVEN FL 33881	Mailing Address 1624 LAKE MIRROR DR. WINTER HAVEN FL 33881
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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2nd MOORE      CR2E037 (5/05)

City & State  Zip      Country	City & State  Zip      Country
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4. FEI Number <b>59-1742463</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>DANIELS, DEXTER H. JR.</b> <b>1624 LAKE MIRROR DRIVE</b> <b>WINTER HAVEN FL 33881</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. PD OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIELS, DEXTER H. JR. 1624 LAKE MIRROR DR. WINTER HAVEN FL 33881 D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIELS, VELMA SEAWELL 1624 LAKE MIRROR DR. WINTER HAVEN FL 33881 D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DULL, TESS D. 819 ELBERT PARK DR. WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000378156 08/11/05-80003-013 66.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dexter H. Daniels      Aug 8, 05      863-2942350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #