

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90075 026 \*\*\*\*61.25



**DOCUMENT # N47099**  
 1. Entity Name  
**THE CREATIVE ARTS FOUNDATION, INC.**

Principal Place of Business Mailing Address  
 1624 LAKE MIRROR DR. NW 1624 LAKE MIRROR DR. NW  
 WINTER HAVEN FL 33881 WINTER HAVEN FL 33881



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-1742463 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DANIELS, DEXTER H. JR.**  
 1624 LAKE MIRROR DRIVE NW  
 WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE PD <input type="checkbox"/> Delete	DANIELS, DEXTER H. JR.
NAME	1624 LAKE MIRROR DR. NW
STREET ADDRESS	WINTER HAVEN FL 33881
CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete	DANIELS, VELMA SEAWELL
NAME	1624 LAKE MIRROR DR. NW
STREET ADDRESS	WINTER HAVEN FL 33881
CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete	DULL, TESS D.
NAME	819 ELBERT PARK DR.
STREET ADDRESS	WINTER HAVEN FL 33880
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Section 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: *Dexter Daniels, Jr* Dexter DANIELS JR 1/28/06 963 2931233