


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90003 004 ****61.25

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| DOCUMENT # N49924 1. Entity Name THE CENTER FOR CREATIVE CONSCIOUSNESS, INC. | | | |  | |
| Principal Place of Business 19610 WEST LAKE DRIVE MIAMI, FL 33015 | | | Mailing Address 19610 WEST LAKE DRIVE MIAMI, FL 33015 | | |
| 2. Principal Place of Business 2829 BIRD AVE. | | 3. Mailing Address 2829 BIRD AVE. | | | |
| Suite, Apt. #, etc. PMB 301 | | Suite, Apt. #, etc. PMB 301 | | | |
| City & State COCONUT GROVE FL | | City & State COCONUT GROVE FL | | 4. FEI Number 65-0396543 | |
| Zip 33133 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent ANDERSON, CLAIRE 19610 WEST LAKE DRIVE MIAMI, FL 33015 | | | 7. Name and Address of New Registered Agent Name CLAIRE ANDERSON Street Address (P.O. Box Number is Not Acceptable) 2829 BIRD AVENUE PMB 301 City COCONUT GROVE FL Zip Code 33133 | | |
| 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 <u><i>Claire Anderson</i></u> DATE <u>1/16/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ANDERSON, CLAIRE 19610 WEST LAKE DRIVE MIAMI, FL 33015 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CLAIRE ANDERSON 2829 BIRD AVE PMB 301 COCONUT GROVE FL 33133 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHULMAN, BRIAN 19610 W LAKE DRIVE MIAMI, FL 33015 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHULMAN, BRIAN 2829 BIRD AVENUE PMB 301 COCONUT GROVE FL 33133 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHULMAN, RUSSELL 19610 W LAKE DR MIAMI, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SHULMAN, RUSSELL 2829 BIRD AVENUE PMB 301 COCONUT GROVE FL 33133 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <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)(i), 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: <u><i>Claire Anderson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>1/16/04</u> | | Daytime Phone # <u>305-710-9579</u> |
| CLAIRE ANDERSON | | | | | |

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