

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49924

FILED
Jan 22, 2007
Secretary of State

Entity Name: THE CENTER FOR CREATIVE CONSCIOUSNESS, INC.

Current Principal Place of Business:

2829 BIRD AVE.
PMB 301
COCONUT GROVE, FL 33133

New Principal Place of Business:

1325 N. ALLEN PL
APT 136
SEATTLE, WA 98103

Current Mailing Address:

2829 BIRD AVE.
PMB 301
COCONUT GROVE, FL 33133

New Mailing Address:

1325 N ALLEN PL
APT 136
SEATTLE, WA 98103

FEI Number: 65-0396543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, CLAIRE
2829 BIRD AVENUE
PMB 301
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

ANDERSON, CLAIRE
1325 N ALLEN PL
APT.136
SEATTLE, FL 98103 US

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:

01/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, CLAIRE
Address: 2829 BIRD AVENUE PMB 301
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: SHULMAN, BRIAN
Address: 2829 BIRD AVENUE PMB 301
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: SHULMAN, RUSSELL
Address: 2829 BIRD AVENUE PMB 301
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDERSON, CLAIRE
Address: 1325 N. ALLEN PL APT 136
City-St-Zip: SEATTLE, WA 98103

Title: D (X) Change () Addition
Name: SHULMAN, BRIAN
Address: 1325 N ALLEN PL APT 136
City-St-Zip: SEATTLE, WA 98103

Title: D (X) Change () Addition
Name: SHULMAN, RUSSELL
Address: 1325 N ALLEN PL APT 136
City-St-Zip: SEATTLE, WA 98103

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAIRE ANDERSON

PD

01/22/2007

Electronic Signature of Signing Officer or Director

Date