2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004
Secretary of State

DOCUMENT# N99000002053

Entity Name: CREATURE SAFE PLACE, INC.

Current Principal Place of Business:

4500 MCCARTY ROAD
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

4500 MCCARTY ROAD
FORT PIERCE, FL 34945

New Mailing Address:

FEI Number: 31-1664379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, WYNN
4500 MCCARTY ROAD
FORT PIERCE, FL 34945

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BURNS, WYNN
Address: 4500 MC CARTY ROAD
City-St-Zip: FT. PIERCE, FL 34945 US

Title: D ( ) Delete
Name: BURNS, ROBERT
Address: 4500 MC CARTY ROAD
City-St-Zip: FT. PIERCE, FL 34945 US

Title: TRES ( ) Delete
Name: OWENS, TODD MR
Address: 4790 RIVER OAK LANE
City-St-Zip: FORT PIERCE, FL 34950 US

Title: SECT ( ) Delete
Name: SHAW, LINDA MS
Address: 4500 MCCARTY ROAD
City-St-Zip: FORT PIERCE, FL 34945 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SECT ( ) Change (X) Addition
Name: RUBY, PAT
Address: 2607 LAZY HAMMOCK LANE
City-St-Zip: FORT PIERCE, FL 34981 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WYNN BURNS DIR 03/30/2004
Electronic Signature of Signing Officer or Director — Date