2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000001504

Title:

Name:

Address:

City-St-Zip:

FILED Mar 15, 2005 Secretary of State

Entity Name: CREASEGEAR, INC. **Current Principal Place of Business: New Principal Place of Business:** 8404 N.W. 17TH CT. PEMBROKE PINES, FL 330243406 **Current Mailing Address: New Mailing Address:** 8404 N.W. 17TH CT PEMBROKE PINES, FL 330243406 FEI Number: 65-0987020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, GEOFFREY K ESQ. 764 N.E. 111TH ST. BISCAYNE PARK, FL 33161 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DORIGO, FRITZ DORIGO, FRITZ Name: Name: 8404 N.W. 17TH CT. 8404 N.W. 17TH CT. Address: Address: City-St-Zip: PEMBROKE PINES, FL 330243406 City-St-Zip: PEMBROKE PINES, FL 330243406 US Title: Title: () Delete (X) Change () Addition Name: DORIGO, ERIC Name: DORIGO, ERIC 8404 NW 17TH CT. 8404 NW 17TH CT. Address: Address: PEMBROKE PINES, FL 330243406 PEMBROKE PINES, FL 330243406 US City-St-Zip: City-St-Zip: (X) Change () Addition Title: () Delete Title: GERSHENGORN, GREG GERSHENGORN, GREG Name: Name: 4271 S. PINE ISLAND RD. 4271 S. PINE ISLAND RD. Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: DAVIE, FL 33328 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ERIC DORIGO D 03/15/2005

() Delete

MEISTER, KELLY

6521 THOMAS ST.

HOLLYWOOD, FL 33024

(X) Change () Addition

MEISTER, KELLY

6521 THOMAS ST.

HOLLYWOOD, FL 33024 US