## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000001504

MEISTER, KELLY

6521 THOMAS ST.

HOLLYWOOD, FL 33024 US

Name:

Address:

City-St-Zip:

Entity Name: CREASEGEAR, INC.

FILED Apr 12, 2006 Secretary of State

Entity Na	Me: CREASE	GEAR, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
	. 17TH CT. KE PINES, FL	330243406					
Current Mailing Address:			New Mailing Address:				
	. 17TH CT. KE PINES, FL	330243406					
FEI Number	: 65-0987020	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desire	ed ( )	
Name and	d Address of (	Current Registered Agent:	Name and	Address of	New Registered Agent:		
764 N.E. 1	N, GEOFFRE` 11TH ST. E PARK, FL 3:						
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent	or both,	
SIGNATUI	RE:						
	Electro	nic Signature of Registered A	gent		Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title:	DORIGO, FRIT 8404 N.W. 17T PEMBROKE P		Title: Name: Address: City-St-Zip: Title:	DORIGO, FRI 4401 W. ATLA POMPANO BE	() Change ( ) Addition FZ NTIC BLVD. #1109 ACH, FL 33066 US () Change ( ) Addition		
Name: Address: City-St-Zip:	DORIGO, ERIC 8404 NW 17TH PEMBROKE P		Name: Address: City-St-Zip:	DORIGO, ERIO 7400 STIRLIN HOLLYWOOD			
Title: Name: Address: City-St-Zip:		) Delete RN, GREG SLAND RD.	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title:	D (	) Delete	Title:	(	) Change ( ) Addition		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ERIC DORIGO TRS. 04/12/2006