2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000005336

1. Entity Name

CREATIVE CHOICE HOMES XXII, INC.



FILED

04 MAR -2 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4243 NORTHLAKE BLVD., STE. D Palm Beach Gardens, Fl 33410 4243 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410



01222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-6325883 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAROT, DILIP 4243 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410

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<u> </u>					I MIS SPA	
	named entity submits this statement for the prions of registered agent.	urpose of changing its register	ed office of re	egistered agent, or bo	eth, in the State of Fiorida.	i am ramiliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	E NOW!!} FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	·	\$5.00 May Be / Added to Fees	1 000306 17/0401052	70391 -031 **158.75
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAROT, DILIP 4243 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410			va Alberta (1888)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WEIR, JOHN F 4243 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAKKAR, YASH PAL 4243 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410				NOT WR	

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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 any first may 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 veguined by Chapter 607, 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 expowered.

SIGNATURE:

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

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1/22/04Pate (561) 627-79988hone #