2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 10, 2004 08:00 AM DOCUMENT # P00000023697~ **Secretary of State** 1. Entity Name CREATIVE CONCEPTS IN WINDOW TREATMENTS INC. Principal Place of Business Mailing Address 16112 E YORKSHIRE DR 16112 E YORKSHIRE DR LOXAHATCHEE FL 33470-3746 LOXAHATCHEE FL 33470-3746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0990748 Not Applicable Ζiρ Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONALD, JUNE C 16112 E YORKSHIRE DR Street Address (P.O. Box Number is Not Acceptable) LOXAHATCHEE FL 33470-3746 City Zio Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Detete TITLE Change Addition MCDONALD, JUNE C NAME NAME 16112 E YORKSHIRE DR STREET ADDRESS STREET ADDRESS LOXAHATCHEE FL 33470-3746 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Detete Addition TITLE 3133 F MAME MAME U00000084279 STREET ADDRESS STREET ADDRESS 03/10/04-80072-017 150.00 CKTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 33117 ☐ Change ☐ Addition MAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRTY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TETLE 33737 NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if

FILED

130/04 (501) 784-1431