

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029656

Entity Name: CREATIVE POCKETS, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

6336 BUFORD STREET
203 WEST
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6336 BUFORD STREET
203 WEST
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3633582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNNS, RULON
2601 TECHNOLOGY DR
ORLANDO, FL 32804 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: HERZOG, MASON
Address: 6336 BUFORD STREET
City-St-Zip: ORLANDO, FL 32835

Title: DT () Delete
Name: HALES, WAYNE F
Address: 279 LAURENBURG LN.
City-St-Zip: OCOEE, FL 32761

Title: DS () Delete
Name: HALES, JAADA H
Address: 279 LAURENBURG LN.
City-St-Zip: OCOEE, FL 32761

Title: D () Delete
Name: YOUNG, JENNIFER H
Address: 279 LAURENBURG LN.
City-St-Zip: OCOEE, FL 32761

Title: D () Delete
Name: PINCOCK, STACY H
Address: 1174 WEST
City-St-Zip: MOSCOW, ID 83843

Title: D () Delete
Name: MUNNS, RULON
Address: 2601 TECHNOLOGY DR.
City-St-Zip: ORLANDO, FL 32804

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: D (X) Change () Addition
Name: PINCOCK, STACY H
Address: 1117 EAST 40TH AVE
City-St-Zip: SPOKANE, WA 99203

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

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MASON R. HERZOG

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date