
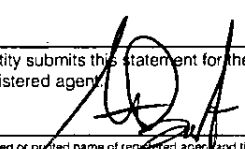
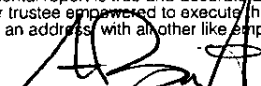


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90365 017 \*\*\*150.00

<b>DOCUMENT # P00000049645</b> 1. Entity Name <b>CREATIONS ENTERPRISES, INC.</b>																					
Principal Place of Business <b>705 EAST MAGNOLIA KISSIMMEE, FL 34744</b>		Mailing Address <b>717 E. OAK STREET KISSIMMEE, FL 34744</b>																			
2. Principal Place of Business <b>5940 Parkview Pointe Dr</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																			
City & State <b>Orlando, FL</b>		City & State																			
Zip <b>32821</b>		Country <b>US</b>																			
4. FEI Number <b>59-3647504</b>		Applied For Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																			
6. Name and Address of Current Registered Agent  <b>BAUMRUK, ANDREW J 717 E. OAK ST. KISSIMMEE, FL 34744</b>		7. Name and Address of New Registered Agent Name <b>Adam Blubaugh</b> Street Address (P.O. Box Number is Not Acceptable) <b>5940 Parkview Pointe Dr.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32821</b>																			
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:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>3/10/05</b>																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>DPST BLUBAUGH, ADAM</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>705 EAST MAGNOLIA KISSIMMEE, FL 34744</b></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>DPST BLUBAUGH, ADAM</b>		CITY-ST-ZIP	<b>705 EAST MAGNOLIA KISSIMMEE, FL 34744</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>5940 Parkview Pointe Drive</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Orlando, FL 32821</b></td> <td></td> </tr> </table>		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>5940 Parkview Pointe Drive</b>		CITY-ST-ZIP	<b>Orlando, FL 32821</b>	
TITLE	NAME	<input type="checkbox"/> Delete																			
STREET ADDRESS	<b>DPST BLUBAUGH, ADAM</b>																				
CITY-ST-ZIP	<b>705 EAST MAGNOLIA KISSIMMEE, FL 34744</b>																				
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																			
STREET ADDRESS	<b>5940 Parkview Pointe Drive</b>																				
CITY-ST-ZIP	<b>Orlando, FL 32821</b>																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																			
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																			
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																			
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																			
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
STREET ADDRESS																					
CITY-ST-ZIP																					
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 and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.																					
SIGNATURE: 		Date: <b>3/10/05</b> Daytime Phone #: <b>321-689-8106</b>																			