


2008 FOR PROFIT CORPORATION ANNUAL REPORT

2543
4-15-08
FILED
Apr 17, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P00000102125 |  |
| 1. Entity Name CREATIVE YOGA, INC. | |

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| Principal Place of Business 1314 S.W. 20TH ST. BOYNTON BEACH, FL 33426 | Mailing Address 1314 S.W. 20TH ST. BOYNTON BEACH, FL 33426 |
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DO NOT WRITE IN THIS SPACE



04132008 No Chg-P CR2E034 (11/05)

| | |
|---|---|
| 4. FEI Number NOT APPLICABLE | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DUVAL, LISE 1314 S.W. 20TH ST. BOYNTON BEACH, FL 33426 |
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DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000902845 04/30/08-80022-010 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY ST ZIP | D DUVAL, LISE 1314 S.W. 20TH ST. BOYNTON BEACH, FL 33426 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I've empowered.

SIGNATURE: LISE DUVAL LISE DUVAL 4-15-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-
736-1652