

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103487

FILED
Apr 26, 2006
Secretary of State

Entity Name: CREATIVE STORAGE SOLUTIONS, INC.

Current Principal Place of Business:

7175 S PINE AVE
STE F
OCALA, FL 34480

New Principal Place of Business:

2500 NW 10TH STREET
UNIT 101
OCALA, FL 34475

Current Mailing Address:

7175 S PINE AVE
STE F
OCALA, FL 34480

New Mailing Address:

2500 NW 10TH STREET
UNIT 101
OCALA, FL 34475

FEI Number: 59-3680373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTHERSHEAD, MICHAEL C
7175 S PINE AVE
STE F
OCALA, FL 34480 US

Name and Address of New Registered Agent:

MOTHERSHEAD, MICHAEL C
2500 NW 10TH STREET
UNIT 101
OCALA, FL 34475 US

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:

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOTHERSHEAD, MICHAEL C
Address: 7175 S PINE AVE STE F
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOTHERSHEAD, MICHAEL C
Address: 2500 NW 10TH STREET, UNIT 101
City-St-Zip: OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL C. MOTHERSHEAD

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date