

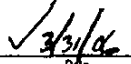
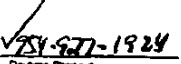


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90325 007 \*\*\*158.75

<b>DOCUMENT # P00000110908</b>		
1. Entity Name <b>CRE8ME, INC.</b>		
Principal Place of Business <b>1901 HARRISON STREET SUITE 205 HOLLYWOOD, FL 33020</b>	Mailing Address <b>1901 HARRISON STREET SUITE 205 HOLLYWOOD, FL 33020</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  <b>ALBO, JAMES V 2020 NE 163RD STREET #300 N MIAMI BEACH, FL 33162</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT OLSEN, THOMAS 1926 VAN BUREN STREET APT 4 HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OV REINFELD, LEO 1615 SOUTH 14TH AVE STE #17 HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 like empowered.		
SIGNATURE:    <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small>		



ATTACHMENT

40071970

1901 Harrison Street, Suite 205, Hollywood, Florida 33020 \*Phone: 954-927-1924  
e-mail to [tom@cre8me.com](mailto:tom@cre8me.com)

April 27, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: 2006 For Profit Corporation Annual Report  
Document # P00000110908

To Whom It May Concern:

Enclosed please find the above referenced report along with Check #2490 in the amount of \$158.75.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Olsen", written over a circular stamp.

Thomas A. Olsen

enci:  
cc: file