2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2006 08:00 AM **Secretary of State** DOCUMENT # P01000021854 CREATIVE ESSENCE, INC. Principal Place of Business Mailing Address 904 MILL CREEK ROAD 904 MILL CREEK ROAD BRADENTON, FL 34202 BRADENTON, FL 34202 02102008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1088198 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BRODERICK, CHARLES** DO NOT WRITE 6540 THE MASTERS AVE BRADENTON, FL 34202 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) CATE Election Campaign Financing \$5.00 May Be FILE NOWIR FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE STOUGHTON, ROBERT G JR NAME STREET ADDRESS 904 MILL CREEK ROAD U00000463310 CITY-ST-ZIP BRADENTON, FL 34202 03/25/06-80024-001 150.00 STD TITLE NAME BRODERICK, CHARLES STREET ADDRESS 904 MILL CREEK ROAD CITY-ST-ZIP BRADENTON, FL 34202 THUE NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-IIP NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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: KHOW

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR

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