2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# P01000028290

Entity Name: CREATIVE YEARS, INC.

Current Principal Place of Business:

15680 SW 232ND ST.
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

15680 SW 232ND ST.
MIAMI, FL 33170

New Mailing Address:

FEI Number: 65-1090770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DECASTRO, MONICA
15680 SW 232ND ST.
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

DECASTRO, PURA MARIA
15680 SW 232ND ST.
MIAMI, FL 33170 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: DECASTRO,PURA MARIA 04/18/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: DECASTRO, MONICA
Address: 15680 SW 232ND ST.
City-St-Zip: MIAMI, FL 33170

Title: DV ( ) Delete
Name: DECASTRO, PURA
Address: 15680 SW 232ND STREET
City-St-Zip: MIAMI, FL 33170

Title: DT ( ) Delete
Name: DECASTRO, PURA M
Address: 15680 SW 232ND STREET
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: DECASTRO, PURA MARIA
Address: 15680 SW 232ND ST.
City-St-Zip: MIAMI, FL 33170

Title: DV (X) Change ( ) Addition
Name: DECASTRO, MONICA
Address: 15680 SW 232ND STREET
City-St-Zip: MIAMI, FL 33170

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PURA M. DECASTRO DPS 04/18/2009
Electronic Signature of Signing Officer or Director Date