2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# P01000028769

Entity Name: CREATIVE SERVANTS INC

Current Principal Place of Business:

4239 KIRKLAND BLVD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

5380 CHISWICK CIRCLE
BELLE ISLE, FL 32812

New Mailing Address:

FEI Number: 59-3708323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: HOBBS, LEONARD L
Address: 5380 CHISWICK CIRCLE
City-St-Zip: BELLE ISLE, FL 32812

Title: VP ( ) Delete
Name: HOBBS, LYNNARDO E
Address: 4239 KIRKLAND BLVD
City-St-Zip: ORLANDO, FL 32811

Title: SEC ( ) Delete
Name: HOBBS, SHARLEE L
Address: 1246 CONTINENTAL COURT
City-St-Zip: TALLAHASSEE, FL 32304

Title: PRES ( ) Delete
Name: HOBBS, CHARLOTTE P
Address: 5380 CHISWICK CIRCLE
City-St-Zip: BELLE ISLE, FL 32812

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change ( ) Addition
Name: EDWARDS, SHARLEE H
Address: 2750 OLD ST AUGUSTINE RD
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: DIR ( ) Change (X) Addition
Name: EDWARDS, RAYMOND
Address: 2750 OLD ST AUGUSTINE RD
City-St-Zip: TALLAHASSEE, FL 32301

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: LEONARD L. HOBBS CEO 06/15/2009

Electronic Signature of Signing Officer or Director — Date