


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90108 013 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P01000031623 1. Entity Name CREATIVE INSTINCTS ENVIRONMENTAL SERVICES, INC. | | | |  | |
| Principal Place of Business 4750 SE BAYSHORE TERRACE STUART, FL 34997 | | Mailing Address 4750 SE BAYSHORE TERRACE STUART, FL 34997 | | | |
| 2. Principal Place of Business 3094 SE Quanset Cir. Suite, Apt. #, etc. | | 3. Mailing Address 3094 SE Quanset Circle Suite, Apt. #, etc. | | | |
| City & State Stuart FL | | City & State Stuart FL | | 4. FEI Number 65-1090294 | |
| Zip 34997 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MITCHELL, SHAWN 4750 S.E. BAYSHORE TERRACE STUART, FL 34997 | | | 7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 3094 SE Quanset Circle City FL Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SHAWN, MITCHELL <input type="checkbox"/> Delete 4750 S.E. BAYSHORE TERRACE STUART, FL 34997 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3094 SE Quanset Circle | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MITCHELL, KATHLEEN <input type="checkbox"/> Delete 4750 S.E. BAYSHORE TERRACE STUART, FL 34997 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3094 SE Quanset Circle | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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>Date Daytime Phone #</small> | | | | | |