

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036610

FILED  
Mar 01, 2008  
Secretary of State

**Entity Name:** CREATIVE CRAFT TECHNOLOGIES, INC.

**Current Principal Place of Business:**

50 NE DIXIE HWY.  
#B-3  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

50 NE DIXIE HWY.  
#B-3  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 65-1094990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MADDEN, JOEL P DIRECTR  
50 NE DIXIE HWY.  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

MADDEN, JOEL P DIRECTR  
50 NE DIXIE HWY.  
#B-3  
STUART, FL 34994 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: JOEL P MADDEN

03/01/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MADDEN, JOEL P  
Address: #B-3, 50 NE DIXIE HWY.  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOEL P MADDEN

D

03/01/2008

Electronic Signature of Signing Officer or Director

Date