


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90011 011 ***158.75

DOCUMENT # P01000037401
 1. Entity Name
CREATIVE STEPS, INC.



Principal Place of Business
**8344 CORPORATE WAY
 NEW PORT RICHEY FL 34654**

Mailing Address
**CREATIVE STEPS
 8344 CORPORATE WAY
 NEW PORT RICHEY FL 34654**



2. Principal Place of Business - No P.O. Box #
Creative Steps

3. Mailing Address
Same

Suite, Apt. #, etc.
8344 Corporate Way

Suite, Apt. #, etc.
 (blank)

1st MOORE CR2E034 (10/07)

City & State
New Port Richey FL

City & State
 (blank)

Zip
34654

Country
PASCO

Zip
 (blank)

Country
 (blank)

4. FEI Number **59-3709747**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOBBS, PAMELA
 11849 ENTERPRISE DR.
 PT. RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name
 (blank)

Street Address (P.O. Box Number is Not Acceptable)
 (blank)

City
 (blank)

FL Zip Code
 (blank)

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 *Pamela Mobbs* DATE *2-18-08*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOBBS, PAMELA	
STREET ADDRESS	11849 ENTERPRISE DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDAK, SHERRY	
STREET ADDRESS	10117 BOZEMAN	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Pamela Mobbs* DATE: *2-18-08* DAYTIME PHONE #: *727-848-8584*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR