


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000044946	
1. Entity Name CREATIVE DESIGN AND DRAFTING GROUP, INC.	

Principal Place of Business 9390 TRIANA TERR #3 FORT MYERS, FL 33912	Mailing Address 9390 TRIANA TERR #3 FORT MYERS, FL 33912
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2. Principal Place of Business - No P.O. Box # 103 E. 3rd ST	3. Mailing Address 103 E. 3rd ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lehigh Acres, FL	City & State Lehigh Acres, FL
Zip 33936	Zip 33936
Country	Country

6. Name and Address of Current Registered Agent KINNAMAN, MARY LINDA 9390 TRIANA TERR #3 FORT MYERS, FL 33912	7. Name and Address of New Registered Agent Name Hugo L. Crespo Street Address (P.O. Box Number is Not Acceptable) 103 E. 3rd Street City Lehigh Acres FL Zip Code 33936
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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 *[Signature]* **Hugo L. Crespo - President** DATE **9/1/08**

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KINNAMAN, MARY LINDA 2031 BALSEY ROAD ALVA, FL 33920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 47 DEERWOOD COURT SAPPHIRE, N.C. 28774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRESPO, HUGO L 18220 PLUMBAGO CT LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 E. 3rd Street LEHIGH ACRES, FL 33936
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
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 339136103213 09/18/08--01043--019
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
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: *[Signature]* **MARY LINDA KINNAMAN - Vice President** Date **8-25-08** Daytime Phone # **239-565-9777**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08202008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1103138	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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9/15/08