

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90378 024 \*\*\*150.00

**DOCUMENT # P01000088286**

1. Entity Name  
**CREATIVE CONCEPTS BY LIZ, INC.**



Principal Place of Business  
**2336 SE OCEAN BLVD.  
PMB 312  
STUART, FL 34996 US**

Mailing Address  
**2336 SE OCEAN BLVD  
PMB 312  
STUART, FL 34996 US**

40051253



2. Principal Place of Business

3. Mailing Address

**475 SE RIVERSIDE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122006 Chg-P CR2E034 (11/05)

City & State

City & State  
**STUART, FL**

4. FEI Number  
**65-1146997**

Applied For  
Not Applicable

Zip

Country

Zip  
**34994**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNN, ELIZABETH S  
2336 SE OCEAN BLVD  
PMB 312  
STUART, FL 34996**

Name

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

**475 SE RIVERSIDE DR**

City **STUART**

FL

Zip Code  
**34994**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DUNN, ELIZABETH S**  
CITY-ST-ZIP **2336 SE OCEAN BLVD., PMB 312  
STUART, FL 34996**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **475 SE RIVERSIDE DR**  
CITY-ST-ZIP **STUART, FL 34994**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *Elizabeth S. Dunn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

Date

772.260.1687

Daytime Phone #