


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90032 039 ***150.00

DOCUMENT # P01000099983	
1. Entity Name CARVED CREATIONS, INC.	

Principal Place of Business 1015 N.E. 37TH ST. OAKLAND PARK, FL 33334	Mailing Address 1015 N.E. 37TH ST. OAKLAND PARK, FL 33334
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 35-1146120	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, JESSICA 1015 N.E. 37TH ST. OAKLAND PARK, FL 33334
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JESSICA 1015 N.E. 37TH ST. OAKLAND PARK, FL 33334
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

Please Note
that FEI #
is 65-1146120
- Thank you

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	1/26/05 9545673438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #