

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116076

Entity Name: CREATIVE FAITH, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

7730 PLANTATION BAY DRIVE  
APT. 406  
JACKSONVILLE, FL 32244

## Current Mailing Address:

7730 PLANTATION BAY DRIVE  
APT. 406  
JACKSONVILLE, FL 32244

## New Principal Place of Business:

7740 PLANTATION BAY DRIVE  
APT. 501  
JACKSONVILLE, FL 32244

## New Mailing Address:

7740 PLANTATION BAY DRIVE  
APT. 501  
JACKSONVILLE, FL 32244

FEI Number: 59-3760228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TACCATI, NORMAN  
7730 PLANTATION BAY DRIVE  
APT. 406  
JACKSONVILLE, FL 32244 US

## Name and Address of New Registered Agent:

TACCATI, NORMAN  
7740 PLANTATION BAY DRIVE  
APT. 501  
JACKSONVILLE, FL 32244 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: NORMAN TACCATI

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: TACCATI, NORMAN  
Address: 7730 PLANTATION BAY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: TACCATI, NORMAN  
Address: 7740 PLANTATION BAY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

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: NORMAN TACCATI

DPT

04/29/2009

Electronic Signature of Signing Officer or Director

Date