


**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90032.031 \*\*\*150.00

<b>DOCUMENT # P02000002889</b> 1. Entity Name CRITTER CREATIONS, INC.	
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Principal Place of Business	Mailing Address
17231 BELLAMY BROTHERS BLVD DADE CITY, FL 33523	17231 BELLAMY BROTHERS BLVD DADE CITY, FL 33523

**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>02-0590011</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
NEWLON, TIMOTHY J 12146 CURLEY ROAD SAN ANTONIO, FL 33576			

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

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b></p>	<p>9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be          Added to Fees</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARTHLE, LYNN 17231 BELLAMY BROTHERS BLVD DADE CITY, FL 33523
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07

352-588-3011