2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009344

Entity Name: CREATIV HANDS INC.

FILED Feb 28, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5774 PINE TREE DRIVE 1766 MICHIGAN AVENUE MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

5774 PINE TREE DRIVE 1766 MICHIGAN AVENUE MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33139

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STERN, LAYNE M
5774 PINE TREE DRIVE
MIAMI BEACH, FL 33140 US

STERN, LAYNE M
1766 MICHIGAN AVENUE
MIAMI BEACH, FL 33139 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: LAYNE STERN 02/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name:

Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: STERN, LAYNE Name: STERN, LAYNE

 Address:
 5774 PINE TREE DR
 Address:
 1766 MICHIGAN AVENUE

 City-St-Zip:
 MIAMI BEACH, FL 33140
 City-St-Zip:
 MIAMI BEACH, FL 33139

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: NACOLE, CLAIRE Name: NATOLE, CLAIRE

 Address:
 5005 COLLIN AVE STE 112
 Address:
 5005 COLLIN AVE STE 112

 City-St-Zip:
 MAIMI BEACH, FL 33140
 City-St-Zip:
 MAIMI BEACH, FL 33140

Title: S () Delete Title: () Change () Addition

CASTALDO, GINA Name: 5005 COLLIN AVE STE 112 Address: MIAMI BEACH, FL 33140 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAYNE STERN P 02/28/2005