FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBP)

FILED Apr 30, 2003 8:00 am Secretary of State

2. Principal Plans of Business 363 Columbus Way Sule, Act. 8, No. Sul	DOCUMENT # POZO0009461 1. Entity Name Creative Curb Appeal, Inc.		04-30-2003 90163 018 ***150.00
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And the state of t	Marco Island FL Manol		74 - 30 2 6 8 1 7 Not Applicable
Robert A. Schimek III 363 Columbus Way Marce Island, FL 3414Y City FL Zio Code 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, or both, in the State of Florida. I am familiar with, and accept mo obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept mo obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept more of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Florida. I am familiar with, and accept more office or registered agent, or both, in the State of Fl		USA	Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MAY PAY Fee is \$150.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE MAY STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	(((((((((((((((((((City	FL Zio Code
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			etion 119/07/9(i) Florida Statutos I further contifu 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Colored M. Johnson & Robert Johnson K. J. 4-23-03