
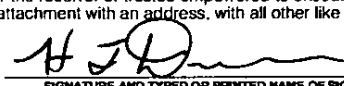


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90191 023 ***150.00

DOCUMENT # P02000017570 1. Entity Name CREATIVE ENTERTAINMENT TECHNOLOGY, INC.					
Principal Place of Business 1329 WHITE BLOSSOM LANE FT WALTON BEACH, FL 32547			Mailing Address 1329 WHITE BLOSSOM LANE FT WALTON BEACH, FL 32547		
2. Principal Place of Business 103 MISSISSIPPI AVE NW Suite, Apt. #, etc.		3. Mailing Address 103 MISSISSIPPI AVE NW Suite, Apt. #, etc.			
City & State Fort Walton Beach FL		City & State Fort Walton Beach FL		4. FEI Number 73-1626228	
Zip 32548		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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. SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) 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		
10. OFFICERS AND DIRECTORS					
TITLE	DP PRZYBYSZ, ROBERT J	<input checked="" type="checkbox"/> Delete	TITLE	DP Howard D. T. Damen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1329 WHITE BLOSSOM LANE		NAME	103 MISSISSIPPI AVE NW	
STREET ADDRESS	FT WALTON BEACH, FL 32547		STREET ADDRESS	Fort Walton Beach FL 32548	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DST BUSBY, MICHAEL S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20 PINEHURST DRIVE		NAME		
STREET ADDRESS	SHALIMAR, FL 32579		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			26 Apr. 05 Date Daytime Phone #		