

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027786

**FILED**  
**Apr 23, 2004**  
**Secretary of State**

**Entity Name:** BREAKTHROUGH CREATIONS, INC.

**Current Principal Place of Business:**

2200 OCEAN DRIVE SOUTH  
UNIT 3C  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

755 WEST STREET  
TAYLORS FALLS, MN 55084

**New Mailing Address:**

FEI Number: 04-3620273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAIRBANKS, RANDAL C  
217 PONTE VEDRA PARK DRIVE, SUITE 200  
PONTE VEDRA BEACH, FL 32082 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PAREDES, SYNEY ANN  
Address: 2200 OCEAN DRIVE SOUTH, UNIT 3C  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PAREDES, SYNEY ANN  
Address: 755 WEST STREET  
City-St-Zip: TAYLORS FALLS, MN 55084

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: SYDNEY A. PAREDES

PRES

04/23/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date