

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90001 022 ***150.00

DOCUMENT # P02000051066 1. Entity Name CREATIVE HANDS CENTER, INC.			
Principal Place of Business 1065 E BROADWAY STREET OVIEDO, FL 32765		Mailing Address 614 CEDARFOREST CIR ORLANDO, FL 32828	
2. Principal Place of Business 1065 E. Broadway St. Suite, Apt. #, etc. Ste. 1 City & State Oviedo, FL Zip 32765		3. Mailing Address 1065 E. Broadway St. Suite, Apt. #, etc. Ste. 1 City & State Oviedo, FL Zip 32765	
Country Seminole		Country USA	
4. FEI Number 01-0709606		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, JANEL 12472 LAKE UNDERHILL, #284 ORLANDO, FL 32828		7. Name and Address of New Registered Agent Name Young, Janel Street Address (P.O. Box Number is Not Acceptable) 1065 E. Broadway St., Ste. 1 City Oviedo	
State FL		Zip Code 32765	
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: <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME YOUNG, WILLETTE STREET ADDRESS 12472 LK UNDERHILL RD., STE 284 CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE D NAME Young, Willette STREET ADDRESS 1065 E. Broadway St., Ste. 1 CITY-ST-ZIP Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME YOUNG, JEAN STREET ADDRESS 614 CEDARFOREST CIR CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE P NAME Young, Jean STREET ADDRESS 1065 E. Broadway St., Ste. 1 CITY-ST-ZIP Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME YOUNG, JANEL STREET ADDRESS 12472 LK UNDERHILL RD., STE 284 CITY-ST-ZIP ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE D NAME Young, Janel STREET ADDRESS 1065 E. Broadway St., Ste. 1 CITY-ST-ZIP Oviedo, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date (407)359-3334 <small>Daytime Phone #</small>	