


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90024 023 ***150.00

DOCUMENT # P02000052157

1. Entity Name
THE CREATIVE SPECTRUM OF NAPLES, INC.




Principal Place of Business Mailing Address
5019 ECLIPSE CT. **5019 ECLIPSE CT.**
NAPLES FL 34104 **NAPLES FL 34104**

2. Principal Place of Business 3. Mailing Address
5900 Painted Leaf Ln *5900 Painted Leaf Ln*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Naples, FL *Naples, FL*
 Zip Country Zip Country
34110 *US* *34110* *US*

00001204



1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
04-3661049 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COLLINS, CARRI
5019 ECLIPSE CT.
NAPLES FL 34104

same individual →

7. Name and Address of New Registered Agent
 Name *Carr; Palermo*
 Street Address (P.O. Box Number is Not Acceptable) *5900 Painted Leaf Lane*
 City *Naples* FL Zip Code *34110*

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PALERMO, CARRI	
STREET ADDRESS	5900 PAINTED LEAF LANE	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	PALERMO, CARRI	
STREET ADDRESS	5900 PAINTED LEAF LANE	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carr; Palermo* 03-10-06 239-641-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #