

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90035 023 \*\*\*150.00

**50034878**



1st MOORE

CR2E034 (10/04)

<b>DOCUMENT # P02000089477</b> 1. Entity Name <b>ONE CREATIVE CHICK, INC.</b>					
Principal Place of Business <b>727 S. OCRACOCKE SQ SW VERO BEACH FL 32968</b>			Mailing Address <b>1225 45TH COURT S.W. VERO BEACH FL 32968</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>4412 5TH PLACE SW</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>VERO BEACH, FL</b> Zip      Country <b>32968      US</b>		4. FEI Number <b>52-2381462</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>  <b>RODEN, CYNTHIA A 727 S. OCRACOCKE SQ. SW. VERO BEACH FL 32968</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODEN, CYNTHIA A 727 S. OCRACOCKE SQ. SW. VERO BEACH FL 32968	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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.					
<b>SIGNATURE:</b> <i>Cynthia A Roden</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>3/29/05 772-770-6311</b> Date      Daytime Phone #		