2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 03, 2007 8:00 am Secretary of State DOCUMENT # P02000089477 1. Entity Name 04-03-2007 90015 018 ***150.00 ONE CREATIVE CHICK, INC. Principal Place of Business Mailing Address 727 S. OCRACOKE SQ SW 4412 5TH PL SW VERO BEACH FL 32968 VERO BEACH FL 32968 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 52-2381462 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODEN, CYNTHIA A Street Address (P.O. Box Number is Not Acceptable) 727 S. OCRACOKE SQ. SW. VERO BEACH FL 32968 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PVPD ☐ Delete ши ☐ Change ▼ Addition RODEN, CYNTHIA A 727 S. OCRACOKE SQ. SW. STREET ADDRESS STREET ADDRESS VERO BEACH FL 32968 CHY S1-7IP CHY ST ZIP ☐ Defete Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TILLE ☐ Change Addition NAME NAMi STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP THE ☐ Delete HILL ☐ Change Addition NAME NAML STREET ADDRESS STREET LADDRESS CITY ST ZIP CHY+SE ZIP Delete unr 11111 ☐ Change □ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CHY ST ZIP HILE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY SI ZIP CHY-ST-7IP 12. I hereby certify that the information supplied with this filling 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. Cynthia A. Roden 03/14/07

FILED