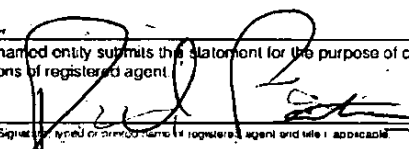
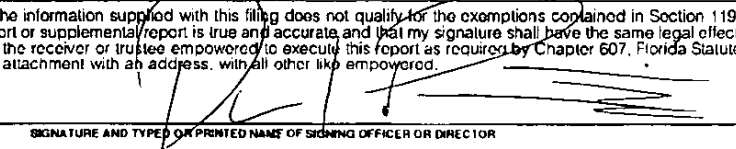


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

03-23-2007 90021 022 ***150.00

DOCUMENT # P02000092515 1. Entity Name PETERS CREATIVE EXTERIOR DESIGNS, INC.			
Principal Place of Business 6920 TEMA LANE SARASOTA FL 34232		Mailing Address 6920 TEMA LANE SARASOTA FL 34232	
2. Principal Place of Business - No P.O. Box # 7346 Bee Ridge Rd Suite, Apt. #, etc.		3. Mailing Address 7346 Bee Ridge Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34241		Zip 34241	
Country U.S.A.		Country U.S.A.	
4. FEI Number 55-0793837		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERS, DAVID 6920 TEMA LANE SARASOTA FL 34232		7. Name and Address of New Registered Agent Name Peters, David Street Address (P.O. Box Number is Not Acceptable) 7346 Bee Ridge Road City Sarasota FL Zip Code 34241	
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  DATE 3/18/07 Signature typed or printed name of registered agent and title acceptable (NOTE: Registered Agent signature required when transferring)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PETERS, DAVID ☐ Delete STREET ADDRESS 6920 TEMA LANE CITY- ST- ZIP SARASOTA FL 34232	TITLE President ☒ Change ☐ Addition NAME Peters, David STREET ADDRESS 7346 Bee Ridge Road CITY- ST- ZIP SARASOTA, FL 34241	TITLE VD ☐ Delete NAME PETERS, JENNIFER STREET ADDRESS 6920 TEMA LANE CITY- ST- ZIP SARASOTA FL 34232	
TITLE NAME ☐ Delete STREET ADDRESS CITY- ST- ZIP	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY- ST- ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY- ST- ZIP	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY- ST- ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY- ST- ZIP	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY- ST- ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY- ST- ZIP	TITLE NAME ☐ Change ☐ Addition 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: 		Date 4/19/07 Daytime Phone #	