## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Apr 21, 2008 08:00 A

DOCUMENT # P02000097658  1. Entity Name CREATIVE KEYS, INC.				Secretary of St			
	ce of Business	Mailing Address					
1602 VIRGINA ST 1602 VIRGINA ST DUNEDIN, FL 34698 DUNEDIN, FL 34698							
			,				
· ·			03202008	No Chg-P	CR2E034 (1	1/05)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb		_	Applied For
	, ,		•	27-003 5. Certificate	of Status Desired		Not Applicable  75 Additional
	6. Name and Address of Current Re	gistered Agent			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fee f	Required
WILKENSON-SMOLINSKY, SUSAN 1600 WALNUT STREET CLEARWATER, FL 33755				DÓ	NOT W	ibite:	6.8
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				IN THIS SPACE			
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							
	tions of registered agent.	e purpose of changing its register	ea onice or register	red agent, or bo	in, in the state of Fi	onua. Fan Tariii.	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	otle il applicable (NOTE: Registere	id Agent signature required	d when reinstating)	·	DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees	U0000 05/06/09	090988 <del>9</del> 1-80085-02	PA 150 NA
10.	OFFICERS AND DIF	RECTORS		11 1644	00,00,00		, "
NAME STREET ADDRESS CITY-ST-ZIP	D WILKENSON-SMOLINSKY, SUSAN 213 N. MISSION AVE CLEARWATER, FL 33755	1G	Eggs of the state				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIR, HAYLEY 623 PINELAND AVE CLEARWATER, FL 33756			e e	1 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
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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.

STREET ADDRESS CITY-ST-ZIP