

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90025 006 \*\*\*150.00

<b>DOCUMENT # P02000112614</b> 1. Entity Name <b>CREATIVE BUSINESS EXPRESSIONS, INC.</b>					
Principal Place of Business <b>1399 ASHBORO CIRCLE SE PALM BAY, FL 32909</b>			Mailing Address <b>1399 ASHBORO CIRCLE SE PALM BAY, FL 32909</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>75-3085546</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALRON ENTERPRISES, INC. 390 NARRAGANSETT ST NE PALM BAY, FL 32907</b>				Name <b>Cecelia Danas</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>1399 Ashboro Circle SE</b>	
				City <b>Palm Bay</b>	
				State <b>FL</b>	
				Zip Code <b>32909</b>	
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 _____				<b>Cecelia Danas, Reg. Agent</b>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DANAS, CECELIA 1399 ASHBORO CIRCLE SE PALM BAY, FL 32909</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST Danas, Cecelia 1399 Ashboro Circle SE Palm Bay, Florida 32909</b>	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____			<b>Cecelia Danas, Director</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>02/27/06</b>		
			Daytime Phone # <b>321-952-1767</b>		