

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90217 035 ***150.00

DOCUMENT # P02000132632 1. Entity Name CREATIVE POLY DESIGNS, INC.					
Principal Place of Business 4119 LAMSON AVE SPRING HILL, FL 34608		Mailing Address 4119 LAMSON AVE SPRING HILL, FL 34608			
2. Principal Place of Business 10453 TILLERY ROAD		3. Mailing Address 10453 TILLERY ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SPRING HILL, FL		City & State SPRING HILL, FL		4. FEI Number 04-3730887	
Zip 34608		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUTHENBERG, DOUGLAS A 4119 LAMSON AVE SPRING HILL, FL 34608				7. Name and Address of New Registered Agent - Name PATRICIA F. RUTHENBERG Street Address (P.O. Box Number is Not Acceptable) 10453 TILLERY ROAD City SPRING HILL FL Zip Code 34608	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DPST RUTHENBERG, DOUGLAS A 10426 RAINBOW RIDGE CT BROOKSVILLE, FL 34613	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KESSLER, MICHAEL R 9613 RIVER ROAD SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/S/T PATRICIA F. RUTHENBERG 10426 RAINBOW RIDGE COURT BROOKSVILLE, FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/S/T PATRICIA F. RUTHENBERG 10426 RAINBOW RIDGE COURT BROOKSVILLE, FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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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.					
SIGNATURE: <i>Patricia F. Ruthenberg</i>		5-1-06-352-596-4623			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			