
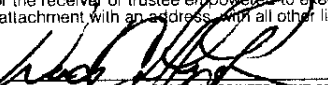


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90186 033 ***150.00

DOCUMENT # P03000007147 1. Entity Name CREATIVE AVALANCHE, INC.					
Principal Place of Business % ACCOUNTING CONSULTANTS INC 5401 CENTRAL AVE. ST. PETERSBURG, FL 33710			Mailing Address % ACCOUNTING CONSULTANTS INC 5401 CENTRAL AVE. ST. PETERSBURG, FL 33710		
2. Principal Place of Business 1415 Dr. M L King Jr Blvd Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Clearwater, FL			City & State		
Zip 33755			Country		
4. FEI Number 59-3765627			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCATEE, CAROL % ACCOUNTING CONSULTANTS INC 5401 CENTRAL AVE. ST. PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD GREEN, RICHARD L 4390 CLEARWATER WAY #3210INC LEXINGTON, KY 40515	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	219 S. Saturn Ave. Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, WENDY C 4390 CLEARWATER WAY #3210INC LEXINGTON, KY 40515	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	219 S. Saturn Ave. Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 and all other like empowered.					
SIGNATURE:  Wendy Chatley Green 28 April 04 727-446-7575 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #</small>					

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