2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AM Secretary of State

ANNUAL REPORT			Apr 30, 2000 00:00	
DOCUMENT # P03000007147			Secretary of Stat	
1. Entity Name				
CREATIVE AVALANCHE, INC.				
Principal Place of Business	Mailing Address			
7425 124TH AVE N #G LARGO, FL 33773	% ACCOUNTING CONSULTANTS 5401 CENTRAL AVE. ST. PETERSBURG, FL 33710	S INC	 	
			01292008 No Chg-P CR2E034 (11/05)	
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For 59-3765627 Not Applicable	
	and the second of the second o		5. Certificate of Status Desired	
6. Name and Address of Current R				
MCATEE, CAROL % ACCOUNTING CONSULTANTS INC 5401 CENTRAL AVE. ST. PETERSBURG, FL 33710			DO NOT WRITE IN THIS SPACE	
The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent at		ed office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept	
Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Registere	ed Agent signature required	a when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.0	9. Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees	
10. OFFICERS AND D	DIRECTORS		000000334300 05/23/08-80051-013 150.00	
TITLE VP NAME GREEN, RICHARD LOUIS		to a to be a second	03723700 00031-013 130.00	
STREET ADDRESS 219 S. SATURN AVE. CITY-ST-ZIP CLEARWATER, FL 33755				
TITLE PD				
NAME GREEN, WENDY CHATLEY STREET ADDRESS 219 S. SATURN AVE.				
CITY-ST-ZIP CLEARWATER, FL 33755			The state of the s	
TITLE NAME	•		·	
STREET ADDRESS		,	DO NOT WRITE	
CITY-S1-ZiP		-		
TITLE NAME			IN THIS SPACE	
STREET ADDRESS CITY-ST: ZIP		4 1		
TITLE			Barthage and the state of the s	
NAME STREET ADDRESS				
CITY-ST-2IP			the probability of the second	

12. I hereby certify that the information supplied with this filing does per 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 receiveror trustee conservation of the receiveror trustee conservation of the corporation or an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SHATURE AND TIPMO OR PHATTED WAMPOF SIGNING OFFICE OR DIRECTOR

108 727.531.1300