

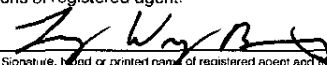



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90040 041 \*\*\*150.00

<b>DOCUMENT # P03000009344</b> 1. Entity Name <b>CREATIVE CONTRACTING SOLUTIONS, INC.</b>					
Principal Place of Business <b>1101 BERN CREEK LOOP SARASOTA, FL 34240 US</b>			Mailing Address <b>1101 BERN CREEK LOOP SARASOTA, FL 34240 US</b>		
2. Principal Place of Business <b>1324 Central Ave</b> Suite, Apt. #, etc. <b>Sarasota FL</b> City & State <b>Sarasota FL</b> Zip <b>34240</b> Country <b>USA</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
					
01072004 Chg-P CR2E034 (10/03)					
4. FEI Number <b>13-4234564</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOWLING, TERRY W 1101 BERN CREEK LOOP SARASOTA, FL 34240</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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:  DATE: <b>1-7-04</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BOWLING, TERRY W STREET ADDRESS 1101 BERN CREEK LOOP CITY-ST-ZIP SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BOWLING, MICHELE S STREET ADDRESS 1101 BERN CREEK LOOP CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <del>Terry W. Bowling</del> <del>1101 Bern Creek Loop</del> <del>Sarasota, FL 34240</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <del>Secretary</del> <del>Terry W. Bowling</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Bowling, Terry W 1101 Bern Creek Loop Sarasota, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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, with all other like empowered.					
SIGNATURE: 			1-7-04 941-302-4164 <small>Date Daytime Phone #</small>		