

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90176 049 ***163.75

DOCUMENT # P03000041612					
1. Entity Name GOD'S CREATURES, INC.					
Principal Place of Business 1719 LAKEWOOD RANCH BOULEVARD LAKEWOOD RANCH, FL 34211			Mailing Address 1719 LAKEWOOD RANCH BOULEVARD LAKEWOOD RANCH, FL 34211		
2. Principal Place of Business 1851 LAKEWOOD RANCH BOULEVARD Suite, Apt. #, etc. LAKEWOOD RANCH City & State FLORIDA Zip 34211 Country U.S.A.		3. Mailing Address 1851 LAKEWOOD RANCH BOULEVARD Suite, Apt. #, etc. LAKEWOOD RANCH City & State FLORIDA Zip 34211 Country U.S.A.			
04252006 Chg-P CR2E034 (11/05)		4. FEI Number 57-1164637		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SOOKRA, NEVILLE E 1719 LAKEWOOD RANCH BOULEVARD LAKEWOOD RANCH, FL 34211	
7. Name and Address of New Registered Agent Name NEVILLE E. SOOKRA Street Address (P.O. Box Number is Not Acceptable) 1851 LAKEWOOD RANCH BOULEVARD City LAKEWOOD RANCH FL Zip Code 34211				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 <i>Neville Sookra</i> DATE <i>25th April 2006</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	PTD SOOKRA, NEVILLE E 1719 LAKEWOOD RANCH BOULEVARD LAKEWOOD RANCH, FL 34211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NEVILLE E. SOOKRA 1851 LAKEWOOD RANCH BOULEVARD LAKEWOOD RANCH, FLORIDA, 34211	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SOOKRA, SUSAN A 1719 LAKEWOOD RANCH BOULEVARD LAKEWOOD RANCH, FL 34211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT SUSAN A. SOOKRA 1851 LAKEWOOD RANCH BOULEVARD LAKEWOOD RANCH, FLORIDA, 34211	<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
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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 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>Neville Sookra</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>04/25/06</i> Daytime Phone # <i>941-744-2373</i>		