

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000041612	
1. Entity Name GOD'S CREATURES, INC.	



FILED

09 APR 28 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 BLVD. Suite, Apt. #, etc. BARBENTON, City & State FLORIDA, Zip 34211 Country U.S.A.	3. Mailing Address Same as 2 Suite, Apt. #, etc. City & State Zip Country
---	--

04252006 Chg-P CR2E034 (11/05)

4. FEI Number 57-1164637	Applied For 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 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: Neville Sookra DATE: 04/09/09  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD SOOKRA, NEVILLE E 1719 LAKEWOOD RANCH BOULEVARD LAKEWOOD RANCH, FL 34211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SOOKRA NEVILLE E. 1851 LAKEWOOD RANCH BLVD. BARBENTON, FLORIDA, 34211 <input checked="" 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 1ST SOOKRA SUSAN A. 1851 LAKEWOOD RANCH BLVD BARBENTON, FLORIDA, 34211 <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	VICE PRESIDENT 2ND SOOKRA THALIA T. 1851 LAKEWOOD RANCH BLVD BARBENTON, FLORIDA, 34211 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100153621391 04/29/09--01007--002 **\$150.00 <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	100153621391 04/29/09--01007--003 **\$8.75 <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 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: Neville Sookra NEVILLE SOOKRA DATE: 04/09/09 941-744-1373  
SIGNATURE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR