2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # P03000075204 1. Entity Name 04-22-2004 90061 032 ***150 00 JNC CREATIVE IDEALS COMPANY Principal Place of Business Mailing Address 3001---1504 BRYAN STREET KISSIMMEE FL 34741 1504 BRYAN STREET KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 20-0115850 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLON DRector -NRAI-SERVICES: INC.-Street Address (P.O. Box Number is Not Acceptable) CO INC Creative I deals Compan 526 E PARK AVENUE -TALLAHASSEE FL-32301- 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. ** Hanningshie. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. P/A ☐ Delete TITLE TITLE Addition Jeanethe M. Colon NAME NAME 1504 BRYON St. STREET ADDRESS STREET ADDRESS Kissimmee FL 34741 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME Juana M. COIÓN STREET ADDRESS 3615 Fountainbleu Blvd. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Kissimmer, FL 34741 ☐ Change TITLE □ Detete TITLE Addition NAME Natalie F. Cobb NAME STREET ADDRESS 1504 Bayan St STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Kissimmee, FL 34741 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 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

FILED