

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089826

FILED
Jan 07, 2005
Secretary of State

Entity Name: CONCREATIVE SOLUTIONS INC.

Current Principal Place of Business:

P.O. BOX 7405
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7405
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 45-0522091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARALAMBOUS, MARK
1885 SILVER PALM ROAD
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHARALAMBOUS, SUSAN
Address: 1885 SILVER PALM ROAD
City-St-Zip: NORTH PORT, FL 34288

Title: VD () Delete
Name: CHARALAMBOUS, MARK
Address: 1885 SILVER PALM ROAD
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CHARALAMBOUS

VD

01/07/2005

Electronic Signature of Signing Officer or Director

_____ Date