

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90058 006 ***150.00

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DOCUMENT # P03000093040 1. Entity Name CREATIONS MARIE-LOUISE, INC.			
Principal Place of Business 1419 NEW BOLTON DRIVE PORT ORANGE, FL 32129		Mailing Address 1419 NEW BOLTON DRIVE PORT ORANGE, FL 32129	
2. Principal Place of Business 341 HICKORY WALK SW Suite, Apt. #, etc.		3. Mailing Address 341 HICKORY WALK SW Suite, Apt. #, etc.	
City & State MARIETTA GA.		City & State MARIETTA GA	
Zip 30064		Zip 30064	
Country US		Country US	
4. FEI Number 01-0796076		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, WADE F JR. 2901 CURRY FORD RD., STE. 212 ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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, 2005 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	PRES ALBERTI, MARTHA L PRES 1419 NEW BOLTON DRIVE PORT ORANGE, FL 32129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ALBERTI, MARTHA PRES 341 HICKORY WALK SW MARIETTA GA 30064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBERTI, FABRICE J VP 1419 NEW BOLTON DRIVE PORT ORANGE, FL 32129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABRICE ALBERTI J VP 341 HICKORY WALK SW MARIETTA GA 30064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">Change Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">Change Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">Change Addition</div>
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: <i>M. Alberti</i> MARTHA ALBERTI <i>Jan 21, 2005</i> 404-460-8504 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			