

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000094789

1. Entity Name
BD CREATION, INC.



Principal Place of Business
1600 NW FEDERAL HIGHWAY
STUART FL 34994

Mailing Address
1600 NW FEDERAL HIGHWAY
STUART FL 34994

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 56-2403905 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

D'ANGIO, ROBERT A JR
685 ROYAL PALM BEACH BLVD
SUITE 205
ROYAL PALM BEACH FL 33411

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST-ZIP	PSTD POULTER, AMY J 933 SE LANSDOWNE AVE PORT ST LUCIE FL 34983	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	<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	VP JOY A POULTER 2232 DANFORTH CIR PALM CITY FL 34990 <input 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	TREAS. DOUGLAS W POULTER 2232 SW DANFORTH CIR PALM CITY FL 34990 <input 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	<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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07

772-286-6385

Date

Daytime Phone #



1st MOORE CR2E034 (10/06)

02-14-2007 90055 037 ***150.00