2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099867

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FILED Apr 29, 2009 Secretary of State

Entity Name: CREATIVE THERAPY SERVICES INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:			
8181 NW 36 SUITE 30 DORAL, FL							
Current Mailing Address:			New Maili	New Mailing Address:			
8181 NW 36 SUITE 30 DORAL, FL							
FEI Number: 0	6-1707494	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desire	ed ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
	7 GARDEN	MA R					
RODRIGUE 8181 NW 36 SUITE 30 DORAL, FL	SŚT.						
8181 NW 36 SUITE 30 DORAL, FL	SST. 33166 US amed entity		purpose of changing i	ts registered	l office or registered agent,	or both,	
8181 NW 36 SUITE 30 DORAL, FL The above n	SST. 33166 US amed entity of Florida.		purpose of changing i	ts registered	l office or registered agent,	or both,	
8181 NW 36 SUITE 30 DORAL, FL The above n in the State o	SŚT. 33166 US amed entity of Florida.			ts registered	l office or registered agent, Date	or both,	
8181 NW 36 SUITE 30 DORAL, FL The above noin the State of SIGNATURE	S ST. 33166 US amed entity of Florida. E: Electro	/ submits this statement for the		ts registered		or both,	
8181 NW 36 SUITE 30 DORAL, FL The above noin the State of SIGNATURE	33166 US amed entity of Florida. Electro paign Financi	r submits this statement for the point of the point Signature of Registered Aging Trust Fund Contribution ().	gent				
8181 NW 36 SUITE 30 DORAL, FL The above noin the State of SIGNATURE Election Camp OFFICERS A Title: Name: Address:	amed entity of Florida. Electro caign Financi AND DIRE P (RODRIGUEZ	y submits this statement for the price Signature of Registered Aging Trust Fund Contribution (). CTORS: () Delete (GARDENIA STREET, SUITE 30	gent	IS/CHANGE	Date		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARDENIA RODRIGUEZ VICE 04/29/2009