

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000122951

1. Entity Name
CREATIVE COSMETIC SOLUTIONS, INC.



Principal Place of Business
504 SKINNER BLVD
DUNEDIN, FL 34698

Mailing Address
1436 DOUGLAS AVE.
DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE

**FILED
May 04, 2007 08:00 A
Secretary of State**



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0587959	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHREINER, MARY L
1436 DOUGLAS AVE.
DUNEDIN, FL 34698

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHREINER, MARY L
STREET ADDRESS 1436 DOUGLAS AVE.
CITY-ST-ZIP DUNEDIN, FL 34698

U000000760581
05/25/07-80020-005 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Mary Schreiner
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

727-733-9229

Date

Daytime Phone #