

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


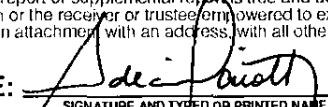
**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90081 001 \*\*\*150.00  
09-08-2005 90081 002 \*\*\*\*\*8.75

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08152005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000126578			
1. Entity Name CREATIONS OF EARTH LANDSCAPING & MAINTENANCE, INC.			
Principal Place of Business 745 NE 18TH AVENUE FORT LAUDERDALE, FL 33304 US		Mailing Address 745 NE 18TH AVENUE FORT LAUDERDALE, FL 33304 US	
2. Principal Place of Business 1121 NE 1 AVE		3. Mailing Address 1121 NE 1 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE - FL		City & State FORT LAUDERDALE - FL	
Zip 33304	Country U.S.A	Zip 33304	Country USA
6. Name and Address of Current Registered Agent GAIOTTO, ADECIO 745 NE 18TH AVENUE FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name GAIOTTO, ADECIO Street Address (P.O. Box Number is Not Acceptable) 1121 N.E. 1 AVE City FORT LAUDERDALE FL Zip Code 33304	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s.607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. GAIOTTO, ADECIO 745 NE 18TH AVENUE FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. GAIOTTO, ADECIO 1121 N.E. 1 AVE FORT LAUDERDALE - FL - 33304 <input checked="" 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	<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	<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 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:  ADECIO GAIOTTO		09-06-05 (954) 822-5615 Date Daytime Phone *	

822-5615.