2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# P03000138179

Entity Name: CREATIVE STONE SOURCE, INC.

Current Principal Place of Business:

7300 DOLINA CT
UNIT 205
VIERA, FL 32940

New Principal Place of Business:

7300 DOLINA CT
UNIT 247
VIERA, FL 32940

Current Mailing Address:

1893 LARAMIE CIR
VIERA, FL 32940

New Mailing Address:

FEI Number: 20-0429272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGATE, PAUL
1893 LARAMIE CIR
VIERA, FL 32940 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEGATE, PAUL
Address: 1893 LARAMIE CIR
City-St-Zip: VIERA, FL 32940

Title: D VP ( ) Delete
Name: SHACKLEFORD, TODD L MR
Address: 1513 REID STREET
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D VP (X) Change ( ) Addition
Name: SHACKLEFORD, TODD L MR
Address: 2741 CARIBBEAN ISLE BLVD #2512
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL LEGATE D 02/05/2007

Electronic Signature of Signing Officer or Director — Date