


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90283 038 ***158.75

DOCUMENT # P03000149987	
1. Entity Name CREATIVE CONSULTANTS & REFERRALS, INC	

Principal Place of Business 13497 LAS BRIAS WAY NORTH JACKSONVILLE, FL 32224	Mailing Address 13497 LAS BRIAS WAY NORTH JACKSONVILLE, FL 32224
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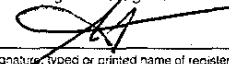
94054713

2. Principal Place of Business 13497 Las Brisas Way North Suite, Apt. #, etc.	3. Mailing Address 13497 Las Brisas Way North Suite, Apt. #, etc.
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32224	Zip 32224
Country USA	Country USA

02102004	Chg-P	CR2E034 (10/03)
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHILDRESS, CARA 13497 LAS BRIAS WAY NORTH JACKSONVILLE, FL 32224	
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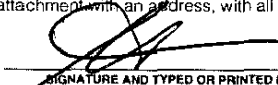
7. Name and Address of New Registered Agent Name Michele Sorrentino Street Address (P.O. Box Number is Not Acceptable) 13492 Las Brisas Way North City Jacksonville FL Zip Code 32224	
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8. The above named entity submits this statement for the purpose 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 	DATE March 05, 04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officers Cara Childress 13497 Las Brisas Way N. Jacksonville FL 32224 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Madelyn Sorrentino 13492 Las Brisas Way North Jacksonville FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer David Tola 13492 Las Brisas Way North Jacksonville FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: 	DATE March 05, 04 (904) 874-8877