2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# P03000150012

Entity Name: CANAM CREATION

Current Principal Place of Business:

2226 LOCKWOOD MEADOWS DR
SARASOTA, FL 34234

New Principal Place of Business:

4418 BLUERIDGE ST
NORTH PORT, FL 34287

Current Mailing Address:

2226 LOCKWOOD MEADOWS DR
SARASOTA, FL 34234

New Mailing Address:

4418 BLUERIDGE ST
NORTH PORT, FL 34287

FEI Number: 59-3777291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVE, VALIN
2226 LOCKWOOD MEDOWS DR
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

STEVE, VALIN
4418 BLUERIDGE ST
NORTH PORT, FL 34287 US

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: STEVE VALIN 05/06/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEVE, VALIN
Address: 2226 LOCKWOOD MEADOWS DR
City-St-Zip: SARASOTA, FL 34234

Title: VP ( ) Delete
Name: DIANE, BOISSENEAULT
Address: 2226 LOCKWOOD MEADOWS DR
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STEVE, VALIN
Address: 4418 BLUERIDGE ST
City-St-Zip: NORTH PORT, FL 34287

Title: VP (X) Change ( ) Addition
Name: JULIETTE, NELSON
Address: 4418 BLUERIDGE ST
City-St-Zip: NORTH PORT, FL 34287

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: JULIETTE NELSON VP 05/06/2008
Electronic Signature of Signing Officer or Director Date