2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000151628

Entity Name: CREATIVE PAINTING OF SOUTH FLORIDA, INC.

FILED Oct 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

88 WHIPOORWILL DR 16 WOOD CLIFT LN

SUITE 5-A SUITE B

PALM COAST, FL 32164 US PALM COAST, FL 32164 US

Current Mailing Address: New Mailing Address:

16 WOOD CLIFT LANE 16 WOOD CLIFT LN

PALM COAST, FL 32164 US PALM COAST, FL 32164 US

FEI Number: 20-0483476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSA, LEANDRO R COSTA, CORY
16 WOOD CLIFT LANE 16 WOOD CLIFT LANE

PALM COAST, FL 32164 US PALM COAST, FL 32164 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: CORY COSTA 10/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 ROSA, LEANDRO R
 Name:
 COSTA, CORY

 Address:
 88 WHIPOORWILL DR
 Address:
 16 WOOD CLIFT LANE

 City-St-Zip:
 PALM COAST, FL 32164 US
 City-St-Zip:
 PALM COAST, FL 32164 US

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 NETZ, MAIZA
 Name:
 COSTA, HALLANA

 Address:
 88 WHIPOORWILL DR
 Address:
 16 WOOD CLIFT LANE

 City-St-Zip:
 PALM COAST, FL 32164 US
 City-St-Zip:
 PALM COAST, FL 32164 US

Title: VP (X) Delete Title: () Change () Addition

 Name:
 COSTA, CORY
 Name:

 Address:
 16 WOOD CLIFT LANE
 Address:

 City-St-Zip:
 PALM COAST, FL 32164
 City-St-Zip:

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: CORY COSTA PD 10/28/2008