2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2008 08:00 A Secretary of State DOCUMENT # P03000152160 CREATIVE CONCRETE INC. Principal Place of Business Mailing Address 4446 OAKFIELD CIRCLE 4446 OAKFIELD CIRCLE DADE CITY, FL 33523 DADE CITY, FL 33523 04092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 61-1461314 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILL, CHRISTOPHER DO NOT WRITE 4446 OAKFIELD CIRCLE DADE CITY, FL 33523 IN THIS SPACE 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-instating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees *U00000896305* ทิ472ริ7กิลิ-ลิกิกกิจิเกา OFFICERS AND DIRECTORS 10. TITLE NAME HILL, CHRISTOPHER STREET ADDRESS 4446 OAKFIELD CIRCLE DADE CITY, FL 33523 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-08

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