


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90072 049 ***150.00

DOCUMENT # P04000008475

1. Entity Name
 CREATIVE STRATEGIES, INC.



Principal Place of Business
 603 INDIAN ROCKS ROAD
 BELLEAIR, FL 33756

Mailing Address
 603 INDIAN ROCKS ROAD
 BELLEAIR, FL 33756

20013752



2. Principal Place of Business
 5147 Karisburg Pl.

3. Mailing Address
 Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State
 Palm Harbor, FL

City & State

Zip
 34685

Country

4. FEI Number
 20-0616619

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RUGGLES, THOMAS W
 603 INDIAN ROCKS ROAD
 BELLEAIR, FL 33756

7. Name and Address of New Registered Agent
 Name
 Mc Gee, Michelle P.
 Street Address (P.O. Box Number is Not Acceptable)
 5147 Karisburg Place
 Palm Harbor FL Zip Code 34685

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 *Michelle P. McGee* Michelle P. McGee 1/5/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	RUGGLES, THOMAS W 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756	TITLE President	Mc Gee, Michelle P. 5147 Karisburg Place Palm Harbor, FL 34685
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Michelle P. McGee* Michelle P. McGee 1/5/2005 727-934-8044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #