

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019038

FILED  
May 02, 2005  
Secretary of State

Entity Name: CREATIVE IMAGING STUDIO CORP.

## Current Principal Place of Business:

665 MARDEL COURT #102  
NAPLES, FL 34104

## New Principal Place of Business:

665 MARDEL COURT #102  
NAPLES, FL 34104 US

## Current Mailing Address:

8160 PARKHILL DR  
MILTON, ONTARIO  
CANADA, XX

## New Mailing Address:

8160 PARKHILL DR  
MILTON, ON L9T 5V7 CD

FEI Number: 98-0432658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, WILLIAM R  
8191 COLLEGE PKWY  
SUITE 204  
FT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PARSONS, DARRELL A  
Address: 8160 PARKHILL DR  
City-St-Zip: MILTON ONTARIO CANADA, D

Title: D ( ) Delete  
Name: PARSONS, DARRELL A  
Address: 8160 PARKHILL DR  
City-St-Zip: MILTON ONTARIO CANADA, D

Title: D ( ) Delete  
Name: PARSONS, DARRELL A  
Address: 8160 PARKHILL DR  
City-St-Zip: MILTON ONTARIO CANADA, D

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PARSONS, DARRELL A  
Address: 8160 PARKHILL DR  
City-St-Zip: MILTON ONTARIO CANADA, ON L9T 5V7 CD

Title: D (X) Change ( ) Addition  
Name: PARSONS, DARRELL A  
Address: 8160 PARKHILL DR  
City-St-Zip: MILTON ONTARIO CANADA, ON L9T 5V7

Title: D (X) Change ( ) Addition  
Name: PARSONS, DARRELL A  
Address: 8160 PARKHILL DR  
City-St-Zip: MILTON ONTARIO CANADA, ON L9T 5V7 D

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARRELL A PARSONS

PRES

05/02/2005

Electronic Signature of Signing Officer or Director

Date