2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023286

Entity Name: PLATINUM CREATIVE DESIGNS, INC.

FILED Apr 22, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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12834 LONGCREST DRIVE 11426 BLUE LILAC DR RIVERVIEW, FL 33569 RIVERVIEW, FL 33569

Current Mailing Address: New Mailing Address:

12834 LONGCREST DRIVE 11426 BLUE LILAC DR RIVERVIEW, FL 33569 RIVERVIEW, FL 33569

FEI Number: 74-3114173 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:

LEACH, DAVID C VP

12834 LONGCREST DRIVE
RIVERVIEW, FL 33569 US

LEACH, DAVID C VP

11426 BLUE LILAC DR

RIVERVIEW, FL 33569 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: DAVID LEACH 04/22/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: PRES (X) Change () Addition
Name: LEACH, DAVID Name: LEACH, DAVID C PRES
Address: 12834 LONGOREST DRIVE

 Address:
 12834 LONGCREST DRIVE
 Address:
 11426 BLUE LILAC DR

 City-St-Zip:
 RIVERVIEW, FL 33569
 City-St-Zip:
 RIVERVIEW, FL 33569

Name: ZUVERINK, JOSHUA Name: BROWN, JOHN E VP

Address: 9402 WINDERMERE LK. DR. #303 Address: 10847 HOFFNER EDGE DRIVE City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569

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

 Name:
 ESKEW, WAYNE
 Name:

 Address:
 1248 WILDWOOD WAY
 Address:

 City-St-Zip:
 CHASKA, MN 55318
 City-St-Zip:

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

 Name:
 BROWN, JOHN
 Name:

 Address:
 10847 HOFFNER EDGE DRIVE
 Address:

 City-St-Zip:
 RIVERVIEW, FL 33569
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID LEACH PRES 04/22/2007