

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046384

Entity Name: CREATIVE CARE INC.

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

1845 LAKE WORTH ROAD
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

1845 LAKE WORTH ROAD
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 56-2443472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELAEZ, ESTELA
179 NW 104 AVE
CORAL SPRINGS, FL 33071 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: PELAEZ, ESTELA
Address: 179 NW 104 AVE
City-St-Zip: CORAL SPRINGS, FL 33461

Title: V () Delete
Name: PELAEZ, GUSTAVO
Address: 179 NW 104 AVE
City-St-Zip: CORAL SPRINGS, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PELAEZ, ESTELA
Address: 179 NW 104 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: V (X) Change () Addition
Name: PELAEZ, GUSTAVO
Address: 179 NW 104 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

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: ESTELA PELAEZ

D

04/02/2007

Electronic Signature of Signing Officer or Director

Date