

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000050669

1. Entity Name  
INTEGRATIVE CREATIONS CONSULTING, INC.



FILED

07 SEP -5 AM 7:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 788  
TALLAHASSEE, FL 32302 US

Mailing Address

P.O. BOX 788  
TALLAHASSEE, FL 32302 US

2. Principal Place of Business - No P.O. Box #

116 Sandy Springs Ln.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32312

Country

USA.

Zip

Country

09052007

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-3132315

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, SANDRA R  
116 SANDY SPRINGS LANE  
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
ALLEN, SANDRA R  
P.O. BOX 788  
TALLAHASSEE, FL 32302 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ALLEN, SANDRA R  
116 SANDY SPRINGS LANE  
TALLAHASSEE, FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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09/05/07--01023--016 \*\*211.25

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:

*Sandra R. Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-07 (850) 668-4409.  
Date Daytime Phone #