


FILED
 Aug 01, 2005 8:00 am
 Secretary of State

05-02-2005 90533 015 ***150.00

2005 FOR PROFIT CORPORATION
 ANNUAL REPORT

DOCUMENT # P04000062744			
1. Entity Name CREATIVE ANGLE, INC.			
Principal Place of Business P.O. BOX 190531 MIAMI BEACH, FL 33119		Mailing Address P.O. BOX 190531 MIAMI BEACH, FL 33119	
2. Principal Place of Business		3. Mailing Address	
State, Acct. #, etc.		State, Acct. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 70-1081648		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER, NORMAN CPA 2404 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name: Norman Becker CPA Street Address (P.O. Box Number is Not Acceptable): 1909 1909 1909 Street #603 City: Hollywood FL Zip: 33020	
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, the registered agent. SIGNATURE: <i>Norman Becker</i> DATE: 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BRYAN, JAMES M P.O. BOX 190531 MIAMI BEACH, FL 33119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 as changed, or as an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		DATE: 4/2005 305 766 1760 <small>Date Daytime Phone #</small>	

00040616



04272005 Chg-P CR2E034 (10/03)



ATTACHMENT

66025076

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 19, 2005

CREATIVE ANGLE, INC.
C/O NORMAN BECKER
~~1904~~ TYLER STREET #603
HOLLYWOOD, FL 33020

1909 TYLER ST. STE 603

SUBJECT: CREATIVE ANGLE, INC.
Ref. Number: P04000062744

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 405A00047234