2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000078642

CREATIVE REALTY OPTIONS INC



Principal Place of Business

10006 CROSS CREEK BLVD

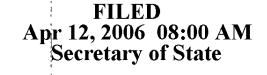
TAMPA, FL 33647

Malling Address

10006 CROSS CREEK BLVD

410

TAMPA, FL 33647





DO NOT WRITE IN THIS SPACE

4. FEI Number

04052006

CR2E034 (11/05)

Applied For 20-1142710 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

KEMPER, MARK W 10006 CROSS CREEK BLVD 410 **TAMPA, FL 33647**

DO NOT WRITE IN THIS SPACE

No Chg-P

	Signature, typed or printed name of registered agent and trie if applicable,	(NOTE: Registered Agent signature required when reinstating)	!	DATE	
SIGNATUR			!		٠
	alions of registered agent.	ing its registered drive of registered agent, or both, in	line olale of Fronda.	ram ammar with, and accept	
	ve named entity submits this statement for the purpose of chang	ing its registered office or registered agent, or both, in	the State of Florida.	I am familiar with, and accept	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000503846 04/26/06-80049-003 150.00

OFFICERS AND DIRECTORS 10. BILE KEMPER, MARK W NAME STREET ADDRESS 10006 CROSS CREEK BLVD, SUITE 410 TAMPA, FL 33647 CITY-ST-7/P TITLE KEMPER, CHERYL D NAMÉ STREET ADDRESS 10006 CROSS CREEK BLVD, SUITE 410 CITY-ST-ZIP **TAMPA, FL 33647** TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MARKE STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 received or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my marne appears in Block 10 or Block 11 if changed, or on an attachment with an applicase, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS DTY-ST-20

TIPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR