

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086748

Entity Name: FINE CREATIONS INC.

FILED
Jan 06, 2008
Secretary of State

Current Principal Place of Business:

798 ARRAN RD.
CRAWFORDVILLE,, FL 32327

New Principal Place of Business:

7 SLEEP EASY WAY
CRAWFORDVILLE,, FL 32327

Current Mailing Address:

798 ARRAN RD.
CRAWFORDVILLE,, FL 32327

New Mailing Address:

7 SLEEP EASY WAY
CRAWFORDVILLE,, FL 32327

FEI Number: 20-1249653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORDGES, SAMUEL
798 ARRAN RD.
CRAWFORDVILLE,, FL 32327-65 US

Name and Address of New Registered Agent:

HORDGES, SAMUEL
7 SLEEP EASY WAY
CRAWFORDVILLE,, FL 32327-65 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:

01/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HORDGES,, SAMUEL
Address: 798 ARRAN RD.
City-St-Zip: CRAWFORDVILLE,, FL 32327 65

Title: DIR () Delete
Name: HORDGES,, SAMUEL
Address: 798 ARRAN RD.
City-St-Zip: CRAWFORDVILLE, FL 32327 65

Title: SEC () Delete
Name: HORDGES, PAULINE
Address: 798 ARRAN RD.
City-St-Zip: CRAWFORDVILLE, FL 32327 65

Title: TREA () Delete
Name: HORDGES, PAULINE
Address: 798 ARRAN RD.
City-St-Zip: CRAWFORDVILLE, FL 32327 65

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: HORDGES,, SAMUEL
Address: 7 SLEEP EASY WAY
City-St-Zip: CRAWFORDVILLE,, FL 32327 65

Title: DIR (X) Change () Addition
Name: HORDGES,, SAMUEL
Address: 7 SLEEP EASY WAY
City-St-Zip: CRAWFORDVILLE, FL 32327 65

Title: SEC (X) Change () Addition
Name: HORDGES, PAULINE
Address: 7 SLEEP EASY WAY
City-St-Zip: CRAWFORDVILLE, FL 32327 65

Title: TREA (X) Change () Addition
Name: HORDGES, PAULINE
Address: 7 SLEEP EASY WAY
City-St-Zip: CRAWFORDVILLE, FL 32327 65

I hereby certify that the information supplied with this filing does not qualify 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: SAMUEL HORDGES

DIR

01/06/2008

Electronic Signature of Signing Officer or Director

Date