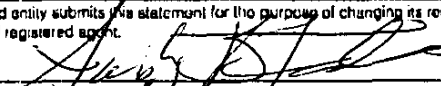
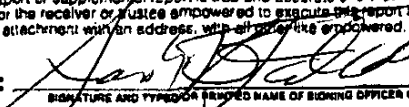


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90217 038 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000091279					
1. Entity Name LSM CREATIVE MANAGEMENT, INC.					
Principal Place of Business 15951 N FLORIDA AVE LUTZ, FL 33549			Mailing Address 15951 N FLORIDA AVE LUTZ, FL 33549		
2. Principal Place of Business 9504 Pebble Glen Ave State, Apt. #, etc. Tampa Florida City & State		3. Mailing Address 9504 Pebble Glen Ave State, Apt. #, etc. Tampa Florida City & State		4. FEI Number 38-3703711 Applied For Not Applicable	
Zip 33647	Country USA	Zip 33647	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent STAFFORD, S.L. 15951 N FLORIDA AVE LUTZ, FL 33549			7. Name and Address of New Registered Agent Name Sandy B Feldman Street Address (P.O. Box Number is Not Acceptable) 9504 Pebble Glen Ave Tampa Florida City FL Zip Code 33647		
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 I accept the obligations of registered agent. SIGNATURE  DATE 4/25/05 Signature must be of the name of registered agent and must be applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 - ST - ZIP	D FELDMAN, LARRY 9504 PEBBLE GLEN AVE TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELDMAN, SANDY B 9504 PEBBLE GLEN AVE TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 if changed, or on an attachment with an address, with effect on the date indicated.					
SIGNATURE:  Sandy B Feldman 4/25/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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