2007 FOR PROFIT CORPORATION

Apr 23, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000115451** 04-23-2007 90047 003 ***150.00 1. Entity Name DEVOTED CREATIONS, INC. Principal Place of Business Mailing Address 40073524 3874 TAMPA ROAD 3874 TAMPA ROAD OLDSMAR, FL 34677 OLDSMAR, FL 34677 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1615230 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHERMAN, JEFFREY M 3874 TAMPA ROAD Street Address (P.O. Box Number is Not Acceptable) OLDSMAR, FL 34677 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Lewis Henry PSTD TITLE TITLE ☐ Change **X** Addition Nelete CAROLLO, SANTO NAME NAME P.O. BOX 8378 STREET ADDRESS PO BOX 8378 STREET ADDRESS CLWTR, FL 33758 vice President/0 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME Anthony Bello P.O.Box 8378 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33758 clearmater, Fl. OTE Delete TITLE TITLE Addition ☐ Change Santo Carollo NAME Ro. Box 8378 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP clute, Fl. 33758 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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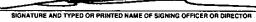
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