

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90032 021 ***158.50

DOCUMENT # P04000118497					
1. Entity Name CREATIVE COUNSELING SOLUTIONS NETWORK INTERNATIONAL INC.					
Principal Place of Business 17525 SW 108 PLACE MIAMI, FL 33157			Mailing Address 17525 SW 108 PLACE MIAMI, FL 33157		
2. Principal Place of Business <i>same as above</i>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		06302005 Chg-P CR2E034 (10/03)	
4. FEI Number 52-2458280				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRASER, MELVA L 17525 SW 108 PLACE MIAMI, FL 33157			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!! FEE IS \$550.00 Due by September 7, 2005		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-ST-ZIP	D FRASER, MELVA L 17525 SW 108 PLACE MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Melva L Fraser</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50054980



ATTACHMENT # P04000118497
50054980

**CREATIVE COUNSELING SOLUTIONS NETWORK,
INTERNATIONAL INC. 17525SOUTHWEST 108 PLACE, MIAMI
FLORIDA 33157
TEL:(305) 251-1728. e-mail:**

June 30, 2005

Division of Corporations
P.O. Box 6198
Tallahassee, Fl.32314-6198

Subject: Late filing and Fee

The reason for the late filing is that I did not receive the notice for filing. I
regret this incident.
Thanks for your consideration.

Sincerely

Dr. Melva Fraser