

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000119737

1. Entity Name
CREE-ATIVE SOLUTION, INC.



**FILED
Apr 15, 2005 8:00 am
Secretary of State**

04-15-2005 90085 034 ***150.00

Principal Place of Business 8336 N. MISSIONWOOD CIR. MIRAMAR, FL 33025		Mailing Address 8336 N. MISSIONWOOD CIR. MIRAMAR, FL 33025	
2. Principal Place of Business ✓ 10518 NW 3 rd STREET		3. Mailing Address ✓ 10518 NW 3 rd STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FL 33026		City & State PEMBROKE PINES, FL 33026	
Zip 33026	Country U.S.A.	Zip 33026	Country U.S.A.
6. Name and Address of Current Registered Agent MASHFOOD, JOHN M 8336 N. MISSIONWOOD CIR. MIRAMAR, FL 33025			
10518 NW 3 rd STREET Pembroke Pines, FL 33026			
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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHFOOD, JOHN F 8336 N. MISSIONWOOD CIR. MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 10518 NW 3 rd STREET PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOYAN-MAHFOOD, ANDREA C 8336 N. MISSIONWOOD CIR. MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 10518 NW 3 rd STREET PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: *Mahfood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/01
Date

Daytime Phone #