


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90157 035 \*\*\*150.00

<b>DOCUMENT # P04000137701</b>	
1. Entity Name CREATIVE EDGE INVESTORS, INC.	

Principal Place of Business 3595 GARDENIA PLACE # 4 LARGO, FL 33771	Mailing Address 3595 GARDENIA PLACE # 4 LARGO, FL 33771
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14002916



2. Principal Place of Business PMB 251, 3665 E. BAY DR. Suite, Apt. #, etc. 204	3. Mailing Address PMB 251, 3665 E. BAY DR. Suite, Apt. #, etc. 204
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04232005 Chg-P CR2E034 (10/03)

City & State Largo FL	City & State Largo FL
Zip 33771	Zip 33771
Country USA	Country USA

4. FEI Number 32-0128479	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SLAVIK, JOHN M 3595 GARDENIA PLACE #4 LARGO, FL 33771	
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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: <u>John M. Slavik</u> Signature, typed or printed name of registered agent and title if applicable.	<u>John M. Slavik President</u> (NOTE: Registered Agent signature required when reinstating)
	<u>4/23/05</u> DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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	D, P SLAVIK, JOHN M 3595 GARDENIA PLACE #4 LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLAVIK, ANNETTE B 3595 GARDENIA PLACE #4 LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Slavik, Annette B. 3595 Gardenia Pl. #4 Largo, FL 33771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SLAVIK, JOHN M 3595 GARDENIA PLACE #4 LARGO, FL 33771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP John W. Slavik, JR. 5211 N.W. 77th Ct. Pompano Bch, FL 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u>John M. Slavik</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>John M. Slavik</u> Date 4/23/05 Daytime Phone # 727-433-1596