2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138432

FILED Sep 07, 2005 Secretary of State

Entity Name: CREATING SOLUTIONS PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
P.O. BOX 994 APOPKA, FL 32704				
Current Mailing Ad	dress:	New Mailing Address	::	
P.O. BOX 994 APOPKA, FL 32704				
FEI Number: 20-174788	1 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address	of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
GARCIA, BRENDA 911 OASIS CT APOPKA, FL 32704	US			
	00			
The above named en in the State of Florida	ntity submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
in the State of Floridates SIGNATURE:	ntity submits this statement for the a.		d office or registered agent, or both,	
in the State of Floridates SIGNATURE:	ntity submits this statement for the		d office or registered agent, or both, Date	
in the State of Florida SIGNATURE: Ele In accordance with s. 6	ntity submits this statement for the a. ctronic Signature of Registered Ag	ent		
in the State of Florida SIGNATURE: Ele In accordance with s. 6	ntity submits this statement for the a. ctronic Signature of Registered Ag 07.193(2)(b), F.S., the corporation did n uncing Trust Fund Contribution ().	ent ot receive the prior notice.		
in the State of Florida SIGNATURE: Ele In accordance with s. 6 Election Campaign Fina OFFICERS AND DI Title: P Name: GARCIA, Address: 911 OASI	ntity submits this statement for the a. ctronic Signature of Registered Ag 07.193(2)(b), F.S., the corporation did nancing Trust Fund Contribution (). RECTORS: () Delete BRENDA	ent ot receive the prior notice. ADDITIONS/CHANGE	Date	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA GARCIA P 09/07/2005