2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State 03-07-2005 90283 030 ***150.00

DOCUMENT # P04000141112 1. Entity Name CREATIVE FUEL, INC.								03-07-20	03 3020	55 050	130.00	
Principal Place of Business 5100 BURCHETTE ROAD				Mailing Address 5100 BURCHETTE ROAD				66009941				
#2304 TAMPA, FL 33647				#2304 Tampa, Fl. 33647				0000012				
									B FIII (1111)	11 HELAKO 11		
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Chg-P	CR2E0	34 (10/03)		
City & State				City & State			4. FEI Numb	774485	5-	No	plied For X Applicable	
Zip		Country	2	<u>Zi</u> p	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Require	fitional d	
	d. Neme	and Address of Curre	tered Agent		Name	7. Name an	Address of New R	egistered /	Agent			
BRYANT, CURTIS L						Street Address (P.O. Box Number is Not Acceptable)						
5100 BURCHETTE ROAD #2304				2/16			Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33647										_		
						City			FL	Zip Code	9	
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 Spreame, speed or proceed name of registered against and still of applicable. (NOTE: Registered Agains signature required when rematisting) DATE												
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees												
10.		OFFICERS A	ND DIREC	TORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME	D	CURTIS		☐ Delete	TITLE	1	-			Change	☐ Addition	
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP	TAMPA,	FL 33647			CITY	-\$1-ZP						
TITLE .	1			C Delete	TITLI NAM	1				Change	Addition	
STREET ADDRESS	<u> </u>				STRE	ET ADORESS					-	
CITY-ST-ZEP				C Delete	TITLE	- S1-ZIP				Change	Addition	
NAME				C 0886	NAM							
STREET ADDRESS CITY-ST-ZIP						E1 ADDRESS : - \$1-21P					1	
TITLE		-		Delete .	ntu					Change	☐ Addition	
NAME STREET ADDRESS					NAM STRE	E E1 ADORESS						
CITY-ST-ZEP	,					-\$I-ZP						
TITLE NAME				Delete	TITL	1				Change	Addition	
STREET ADDRESS						ET ADDRESS						
CITY-SI-ZIP		<u> </u>				-ST-ZIP						
TITLE NAME				☐ Delete	IIIL NAM					Change	Addition	
STREET ADDRESS CITY-ST-ZIP						E1 ADDRESS - ST- ZIP					1	
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 certify 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 an other like empowered.												
SIGNAT	URE:	_wt	<u> </u>	not.	.,,,		a	2 · 28 · °			4.0664	
	ι .	EIGHAFURE AND TYPED	OR PRINTED	NAME OF BOMING OFFICER	OR DIRECT	TOR		Outs		Lysthe Phone #	· - 1	