



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000142457</b>					
1. Entity Name <b>CUSTOM CREATIVE SOLUTIONS, INC</b>					
Principal Place of Business 54 RED FERN COURT HAVANA, FL 32333			Mailing Address PO BOX 180266 TALLAHASSEE, FL 32318		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>35-2237375</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>O'NEILL, NANCY 54 RED FERN COURT HAVANA, FL 32333</b>			7. Name and Address of New Registered Agent Name <b>- Same -</b> Street Address (P.O. Box Number is Not Acceptable) <b>- Same -</b> City _____ <b>FL</b> 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 reissuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'NEILL, NANCY PO BOX 180266 TALLAHASSEE, FL 32318	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000054203510</b> <b>05/10/05--01039--010 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'NEILL, DANIEL PO BOX 180266 TALLAHASSEE, FL 32318	<input type="checkbox"/> Delete	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		<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.					
<b>SIGNATURE:</b> 		Date: <b>April 25th 2005</b>		Daytime Phone #: <b>562-2591</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

FILED  
05 APR 28 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
T. Roberts MAY 02 2005



04252005 Chg-P CR2E034 (10/03)