

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2006 8:00 am
Secretary of State

04-28-2006 90159 047 ***150.00

DOCUMENT # P05000014397 1. Entity Name CREATIVE ARCHITECTURAL CREATIONS INC.					
Principal Place of Business 1673 CROWDER CHAPEL ROAD CRESTVIEW, FL 32539			Mailing Address 1673 CROWDER CHAPEL ROAD CRESTVIEW, FL 32539		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 34 2032990			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145					
7. Name and Address of New Registered Agent Name Wendel S Jones Street Address (P.O. Box Number is Not Acceptable) 322 23rd ST City Niceville FL Zip Code 32578					
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 resigning)</small>					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	PTD	LAISO, JOHN W	1673 CROWDER CHAPEL ROAD CRESTVIEW, FL 32539		
	VS	QASSO, AMY B	1673 CROWDER CHAPEL ROAD CRESTVIEW, FL 32539		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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 exemptions contained in Chapter 119, 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 powers empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					