2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000044566

1. Entity Name
CREATIVE STRAPS USA, INC.

FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
13536 TURTLE MARSH LOOP APT #513 ORLANDO, FL 32837	P.O. BOX 770928 ORLANDO, FL 32877

07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0427341
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EHRET, MICHELE D
13536 TURTLE MARSH LOOP
APT. # 513
ORLANDO, FL 32837

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EHRET, MICHELE D
STREET ADDRESS	13536 TURTLE MARSH LOOP, # 513
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VP
NAME	LAWRENCE, DONALD S
STREET ADDRESS	107 PARK AVE.
CITY-ST-ZIP	LAKE RONKONKOMA, NY 11779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/22/08-80001-004 150.00

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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 other like empowered.

SIGNATURE: Michele D. Ehret July 19, 2008 407-501-6458
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #