

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062740

Entity Name: CREATE-A-CORP, INC.

FILED
Mar 12, 2006
Secretary of State

Current Principal Place of Business:

2002 N. LOIS AVE.
SUITE 220
TAMPA, FL 33607

New Principal Place of Business:

2203 N. LOIS AVE.
SUITE M-600
TAMPA, FL 33607

Current Mailing Address:

2002 N. LOIS AVE.
SUITE 220
TAMPA, FL 33607

New Mailing Address:

2203 N. LOIS AVE.
SUITE M-600
TAMPA, FL 33607

FEI Number: 20-2759004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANDLER, SUZANNE C
2002 N. LOIS AVE.
SUITE 220
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

CHANDLER, SUZANNE C
2203 N. LOIS AVE.
SUITE M-600
TAMPA, FL 33607 US

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.

SIGNATURE: SUZANNE CHANDLER

03/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHANDLER, SUZANNE C
Address: 8424 WEST DR.
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VP () Delete
Name: CHANCEY, LAURRA A
Address: 310 CACTUS RD.
City-St-Zip: SEFFNER, FL 33584

Title: S () Delete
Name: GRAY, ROBYN C
Address: 8867 ORANGE OAKS CIRCLE
City-St-Zip: TAMPA, FL 33637

Title: T () Delete
Name: GRAY, ROBYN C
Address: 8867 ORANGE OAKS CIRCLE
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GRAY, ROBYN C
Address: 8410 N. 10TH ST., APT.# A
City-St-Zip: TAMPA, FL 33604

Title: T (X) Change () Addition
Name: GRAY, ROBYN C
Address: 8410 N. 10TH ST., APT.# A
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBYN GRAY

S

03/12/2006

Electronic Signature of Signing Officer or Director

Date