2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065099

City-St-Zip:

JACKSONVILLE, FL 32208

Entity Name: CREATIVE MINDS ENTERTAINMENT, INC.

FILED May 06, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|--|---|---|---|--|
| | RWOOD AVE IVILLE, FL 32 | 208 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | RWOOD AVE IVILLE, FL 32 | 208 | | | |
| FEI Number | : 20-3651857 | FEI Number Applied For () | FEI Number Not App | licable () | Certificate of Status Desired () |
| Name and | d Address of | Current Registered Agent: | Name and | Address o | f New Registered Agent: |
| SUITE 103 | /. 2ND AVE. | | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing i | ts registered | d office or registered agent, or both, |
| SIGNATUI | | | | | |
| | | nic Signature of Registered Ag | | | Date |
| | | 93(2)(b), F.S., the corporation did n ng Trust Fund Contribution (). | ot receive the prior notic | e. | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
| Title: Name: Address: City-St-Zip: | D (ABEL, ROBRIO 5872 NORWO JACKSONVILL | OD AVE | Title: Name: Address: City-St-Zip: | P ABEL, ROBI 5872 NORW JACKSONVI | |
| Title: Name: Address: City-St-Zip: | D () QUENTTAN, H 5872 NORWO JACKSONVILL | OD AVE | Title: Name: Address: City-St-Zip: | | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D () ABEL, VERON 5872 NORWO JACKSONVILL | OD AVE | Title: Name: Address: City-St-Zip: | | () Change () Addition |
| Title: Name: Address: | D () MCKENZIE, FI 5872 NORWO | | Title: Name: Address: | | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: ROBRICK ABEL P 05/06/2009