


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90002 035 \*\*\*150.00

DOCUMENT # P05000098029					
1. Entity Name CREATIVE BUSINESS ENTERPRISES, INC.					
Principal Place of Business <u>3569 WEBBER STREET</u> SARASOTA, FL 34239			Mailing Address <u>3569 WEBBER STREET</u> SARASOTA, FL 34239		
2. Principal Place of Business <u>5390 Matthew Ct</u> Suite, Apt. #, etc.		3. Mailing Address <u>5390 Matthew Ct</u> Suite, Apt. #, etc.			
City & State <u>SARASOTA FL</u>		City & State <u>SARASOTA FL</u>		4. FEI Number <u>20 3139046</u>	
Zip <u>34231</u>		Country <u>SARASOTA</u>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  O'HALLORAN, TERRY 3569 WEBBER STREET SARASOTA, FL 34239			7. Name and Address of New Registered Agent Name <u>Stephen Eittreim</u> Street Address (P.O. Box Number is Not Acceptable) <u>5390 Matthew Ct</u> City <u>Sarasota</u> <b>FL</b> Zip Code <u>34231</u>		
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 <u>Stephen Eittreim</u> DATE <u>4/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</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 EITREIM, STEPHEN P <u>4443 04TH AVENUE</u> <u>5390 Matthew Ct</u> <u>MAPLE GROVE, MN 55311</u> <u>Sarasota FL 34231</u> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WACHNER, MICHAEL <u>1537 E. 46TH STREET</u> <u>MINNEAPOLIS, MN 55407</u> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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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 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: <u>Stephen Eittreim</u> <u>Stephen Eittreim</u> <u>4/29/06</u> <u>941 5877065</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					