

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000018352

**FILED**  
**Apr 06, 2007**  
**Secretary of State**

**Entity Name:** CREATIVE RESULTS CONSULTING, INC.

**Current Principal Place of Business:**

614 LIME TREE DRIVE  
OLDSMAR, FL K346

**New Principal Place of Business:**

614 LIME TREE DRIVE  
OLDSMAR, FL 34677 US

**Current Mailing Address:**

614 LIME TREE DRIVE  
OLDSMAR, FL K346

**New Mailing Address:**

P.O. BOX 5775  
CLEARWATER, FL 33758

**FEI Number:** 75-3207498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, RICK  
614 LIME TREE DRIVE  
OLDSMAR, FL K346 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBINSON, RICK  
Address: 614 LIME TREE DRIVE  
City-St-Zip: OLDSMAR, FL K346

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ROBINSON, RICK  
Address: 614 LIME TREE DRIVE  
City-St-Zip: OLDSMAR, FL 34677

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: RICK ROBINSON

D

04/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date