2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026249

FILED Apr 29, 2009 Secretary of State

Entity Name: CREATIVE CONCEPTS FOR CONCRETE, INC.	
Current Principal Place of Business:	New Principal Place of Business:
142 WHISPERING PINES ROAD GEORGETOWN, FL 32139 US	
Current Mailing Address:	New Mailing Address:
142 WHISPERING PINES ROAD GEORGETOWN, FL 32139 US	New Principal Place of Business: ROAD 19 US : New Mailing Address: ROAD 19 US FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Interest Registered Agent: Name and Address of New Registered Agent: ROAD 19 US Identity this statement for the purpose of changing its registered office or registered agent, or both, E Signature of Registered Agent Trust Fund Contribution (). ORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
FEI Number: 20-4356485 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SNODDY, TRINA M 142 WHISPERING PINES ROAD GEORGETOWN, FL 32139 US	
The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Ag	pent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: PD () Delete	Title: PD (X) Change () Addition

SNODDY, ROBERT SNODDY, ROBERT B Name: Name: 142 WHISPERING PINES ROAD 142 WHISPERING PINES ROAD Address: Address: City-St-Zip: GEORGETOWN, FL 32139 US City-St-Zip: GEORGETOWN, FL 32139 US Title: STD () Delete Title: () Change () Addition

SNODDY, TRINA M Name: Name: 142 WHISPERING PINES ROAD Address: Address: GEORGETOWN, FL 32139 US City-St-Zip: City-St-Zip:

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.

SIGNATURE: TRINA M. SNODDY STD 04/29/2009