2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000042939

THE GROUP CREATIVE COMMUNICATIONS, INC.



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1500 OREGON ST. ORLANDO, FL 32803 1500 OREGON ST. ORLANDO, FL 32803



DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-4570235 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

TAGLIANI, HERNAN H 1500 OREGON ST. ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

				A TO THE STATE OF
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 Signature, typed or printed name of registered agent and title if applicable (NO1E, Registered A			ed Agent signature required when (einstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fi Trust Fund Contribution				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D,P TAGLIANI, HERNAN H 1500 OREGON ST. ORLANDO, FL 32803	DTORS		1.5
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
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				

indicated on rins report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that is 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 chapter 607, or an artischment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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