2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000051077

1. Entity Name
SANDRA'S CREATIVE IDEAS, INC.

Principal Place of Business	Mailing Address
1504 ARTHUR BLVD. LAKELAND, FL 33801 US	1504 ARTHUR BLVD. LAKELAND, FL 33801 US

60033369

2. Principal Place of Business - No P.O. Box #		3. Mailing Address			04262008 Chg-P CR2E034 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			4. FEI Number 20-4672104 — Applied For / Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEITH, WILLIAM C 1517 COMMERCIAL PARK DR. LAKELAND, FL 33801	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2008 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **P** NAME **WILLIAMS, SANDRA** STREET ADDRESS **1504 ARTHUR BLVD.** CITY-ST-ZIP **LAKELAND, FL 33801**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VP** NAME **TONY, WILLIAMS** STREET ADDRESS **1504 ARTHUR BLVD.** CITY-ST-ZIP **LAKELAND, FL 33801**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **SEC** NAME **FLETCHER, DORIS** STREET ADDRESS **1504 ARTHUR BLVD.** CITY-ST-ZIP **LAKELAND, FL 33801**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **TRES** NAME **WHITE, JAMAL** STREET ADDRESS **1504 ARTHUR BLVD.** CITY-ST-ZIP **LAKELAND, FL 33801**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _Sandra Williams_ Sandra Williams 4/28/08 863-944-4496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #