FILED
May 15, 2007 8:00 am
Secretary of State

04-18-2007 90180 007 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/:

DOCUMENT # P06000088393

1. Entity Name
CREATIVE DECKING & SOLUTIONS, INC.

Principal Place of Business	Mailing Address
10120 ARROW CREEK RD. NEW PORT RICHEY, FL 34655 US	10120 ARROW CREEK RD. NEW PORT RICHEY, FL 34655 US

04112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5147 LA PLATA DR.	5147 LA PLATA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-5127825 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JWANOUSKOS, BRUCE A
10120 ARROW CREEK RD.
NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 5147 LA PLATA DR.

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] 04-16-07

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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PDT JWANOUSKOS, BRUCE A 10120 ARROW CREEK RD NEW PORT RICHEY, FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5147 LA PLATA DR.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JWANOUSKOS, ~~TERRI~~ TERI A 10120 ARROW CREEK RD NEW PORT RICHEY, FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5147 LA PLATA DR.	☑ Change ☐ Addition
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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: [signature] 04-16-07 727-992-6382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #