

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000000363

FILED  
May 01, 2009  
Secretary of State

Entity Name: CREATIVE CONCEPTS FOR SENIOR SOLUTIONS, INC.

**Current Principal Place of Business:**

50 A1A NORTH  
SUITE 110  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

7203 GOODMAN RD  
OLIVE BRANCH, MS 38654

**New Mailing Address:**

7203 GOODMAN RD  
OLIVE BRANCH, MS 38654

FEI Number: 41-2224576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FILIPPONE, WILLIAM  
50 A1A NORTH  
SUITE 110  
PONTE VEDRA BEACH, FL 32082 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: BRYAN, JOE H  
Address: 7203 GOODMAN RD  
City-St-Zip: OLIVE BRANCH, MS 38654

Title: D ( ) Delete  
Name: MINKE, TERRY  
Address: 104 STONECREST RD. S.  
City-St-Zip: ARGYLE, TX 76226

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

Title: S/D (X) Change ( ) Addition  
Name: BRYAN, JOE H  
Address: 7203 GOODMAN RD  
City-St-Zip: OLIVE BRANCH, MS 38654

Title: P/D (X) Change ( ) Addition  
Name: MINKE, TERRY  
Address: 104 STONECREST RD. S.  
City-St-Zip: ARGYLE, TX 76226

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: JOE H. BRYAN

S

05/01/2009

Electronic Signature of Signing Officer or Director

Date