


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90001 011 ***150.00

DOCUMENT # P07000002858 1. Entity Name THE CORPORATE CREATIVE GROUP, INC.					
Principal Place of Business 550 BAYSHORE DRIVE PENTHOUSE 8 FT LAUDERDALE, FL 33304			Mailing Address 550 BAYSHORE DRIVE PENTHOUSE 8 FT LAUDERDALE, FL 33304		
2. Principal Place of Business - No P.O. Box # 2609 NE 14th Ave Suite, Apt. #, etc. #112		3. Mailing Address 2609 NE 14th Ave Suite, Apt. #, etc. #112			
City & State Oakland Park, FL		City & State Oakland Park, FL		4. FEI Number 26-0259296	
Zip 33334		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TWOMEY, CHRISTINA 550 BAYSHORE DRIVE PENTHOUSE 8 FT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name Twomey, Christina Street Address (P.O. Box Number is Not Acceptable) 2609 NE 14th Ave #112 City Oakland Park, FL Zip Code 33334	
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 <u><i>Christina Twomey</i></u> DATE <u>Aug 18, 08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TWOMEY, CHRISTINA 550 BAYSHORE DRIVE, PENTHOUSE 8 FT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Christina Twomey 2609 NE 14th Ave #112 Oakland Park, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Matthew Hartmann 2609 NE 14th Ave #112 Oakland Park, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Matthew Hartmann 2609 NE 14th Ave #112 Oakland Park, FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u><i>Christina Twomey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>Aug 18, 08</u> Daytime Phone # <u>612-877-0331</u>		