

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002883

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: CREATIVE INTERIORS OF THE TREASURE COAST INC.

## Current Principal Place of Business:

2085 SE BOWIE STREET  
PORT ST. LUCIE, FL 34952 US

## New Principal Place of Business:

## Current Mailing Address:

2085 SE BOWIE STREET  
PORT ST. LUCIE, FL 34952 US

## New Mailing Address:

FEI Number: 77-0667760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

## Name and Address of New Registered Agent:

MYSELF  
2085 SE BOWIE STREET  
PORT ST LUCIE, FL 34952 US

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: MARK JADCZAK

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BARD, PAUL  
Address: 1930 SE S BUTTONWOOD DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: TRES ( ) Delete  
Name: JADCZAK, MARK E  
Address: 2085 SE BOWIE STREET  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: SECT ( ) Delete  
Name: JADCZAK, MARK  
Address: 2085 SE BOWIE STREET  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: DIR ( ) Delete  
Name: BARD, PAUL  
Address: 1930 SE S BUTTONWOOD DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK JADCZAK

SECT

01/05/2009

Electronic Signature of Signing Officer or Director

Date