2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000119271

Entity Name: CREATEWELL ENTERTAINMENT INC.

FILED Apr 20, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
	3TH AVENUE) PARK, FL 33334 US	3271 SEAWARD DRIVE POMPANO BEACH, FL 33334 US
Current M	lailing Address:	New Mailing Address:
	3TH AVENUE PARK, FL 33334 US	3271 SEAWARD DRIVE POMPANO BEACH, FL 33334 US
FEI Number	: 26-1341257 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
1792 BELL WESTON, The above	RG, ADAM S _ TOWER LANE , FL 33326 US e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both
SIGNATUI	RF.	
0.014/ (101	Electronic Signature of Registered A	gent Date
Election Car	mpaign Financing Trust Fund Contribution ().	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	D () Delete GILCHRIST, CARRIE 201 W 38TH STREET APT. 3E KANSAS CITY, MO 64111 US	Title: D, P (X) Change () Addition Name: SHOEMAKER, WILLIAM Address: 3271 SEAWARD DRIVE City-St-Zip: POMPANO BEACH, FL 33334 US
Title: Name: Address: City-St-Zip:	D (X) Delete MATHIS, HARRIET B 2901 N.E. 21ST TERRACE FORT LAUDERDALE, FL 33306 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D (X) Delete RASSLER, SCOTT 1000 CORPORATE DRIVE, SUITE 340 FORT LAUDERDALE, FL 33334 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D, P (X) Delete SHOEMAKER, WILLIAM E 4850 N.E. 13TH AVENUE OAKLAND PARK, FL 33334 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	D (X) Delete SPANGLER, DAVID 1600 N F. 18TH AVENUE	Title: () Change () Addition Name: Address:

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.

City-St-Zip:

SIGNATURE: WILLIAM E. SHOEMAKER P 04/20/2009

City-St-Zip: FORT LAUDERDALE, FL 33305 US