

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000073315

Entity Name: THINKCREATE, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

10661 NW 17TH PL
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

7260 NW 25TH ST, CMB 4205
MIAMI, FL 33122

New Mailing Address:

7260 NW 25TH ST, CMB 6622
MIAMI, FL 33122

FEI Number: 20-4997299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOSINE, JUSTIN
10661 NW 17TH PLACE
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

GOSINE, JUSTIN
7260 NW 25TH ST, CMB 4205
MIAMI, FL 33122 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: JUSTIN GOSINE

05/01/2009

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: D () Delete
Name: LEE, CHRISTIAN
Address: 7260 NW 25TH ST CMB 6622
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: LEE, AMANDA
Address: 7260 NW 25TH ST. CMB 6622
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: GOSINE, JUSTIN
Address: 7260 NW 25TH ST. CMB 6622
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEE, CHRISTIAN
Address: 7260 NW 25TH ST, CMB 6622
City-St-Zip: MIAMI, FL 33122

Title: D (X) Change () Addition
Name: LEE, AMANDA
Address: 7260 NW 25TH ST, CMB 6622
City-St-Zip: MIAMI, FL 33122

Title: D (X) Change () Addition
Name: GOSINE, JUSTIN
Address: 7260 NW 25TH ST, CMB 4205
City-St-Zip: MIAMI, FL 33122

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: JUSTIN GOSINE

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date