## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000084950

Title:

Name:

Address:

City-St-Zip:

( ) Delete

3260 FRUITVILLE ROAD STE A

HASSLER, NEENA A

SARASOTA, FL 34237

Entity Name: CREATIVE COLLEGE FUNDING SOLUTIONS, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
3260 FRUITVILLE ROAD STE A SARASOTA, FL 34237		3260 FRUITVILLE ROAI SUITE A SARASOTA, FL 34237	O .		
Current Mailing Address:		New Mailing Address:			
	TVILLE ROAD A, FL 34237	STE A	PO BOX 2880 SARASOTA, FL 34230		
FEI Number:	26-3477092	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HASSLER, 3260 FRUIT	WILLIAM D				
SARASOTA The above in the State	A, FL 34237 named entity of Florida.	ÜS	ourpose of changing its registered	office or registered agent, or both,	
SARASOTA The above	A, FL 34237  named entity of Florida.  RE:	US submits this statement for the p		office or registered agent, or both,	
The above in the State	named entity sof Florida.  EE:  Electror	ÜS			
The above in the State SIGNATUR	named entity sof Florida.  EE:  Electror	Submits this statement for the particle Signature of Registered Age of Trust Fund Contribution ( ).	ent		
The above in the State SIGNATUR	named entity of Florida.  RE: Electror  apaign Financing  AND DIREC  P  HASSLER, WIL	Submits this statement for the particle Signature of Registered Age Trust Fund Contribution ( ).  TORS: Delete LIAM D LE ROAD STE A	ent  ADDITIONS/CHANGES	Date	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM D HASSLER P 04/22/2009

() Change () Addition