

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 07, 2007 08:00 AM
Secretary of State**

DOCUMENT # P93000061272

1. Entity Name
CREATIVE MARKETING IMPACT, INC.



Principal Place of Business
**1062 N.W. 6TH AVE.
BOYTON BCH., FL 33426**

Mailing Address
**1062 N.W. 6TH AVE.
BOYTON BCH., FL 33426**



03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0433267

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLES-DOBAY, DAVID L
1062 N.W. 6TH AVE.
BOYNTON BCH., FL 33426**

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

DAVID COLES-DOBAY (NOTE: Registered Agent signature required when reinstating)

5 MAR 07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000658598
03/15/07-80045-004-150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COLES-DOBAY, DEBORAH
1062 N.W. 6TH AVE.
BOYTON BCH., FL 33426**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CO
COLES-DOBAY, DAVID
1062 NW 6TH AVE.
BOYNTON BEACH, FL 33426**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 MAR 07 5617361133
Date Daytime Phone #