



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUL 22 PM 2: 56

DOCUMENT # P94000056000 1. Entity Name CREATIVE BUILDING SYSTEMS, INC.					
Principal Place of Business 3404 APALACHEE PARKWAY TALLAHASSEE, FL 32311 US				Mailing Address P.O. BOX 15936 TALLAHASSEE, FL 32317	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 07222005 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-3259135		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MILLER, RICHARD H 3404 APALACHEE PARKWAY TALLAHASSEE, FL 32311	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE	DPS <input type="checkbox"/> Delete MILLER, RICHARD H STREET ADDRESS 1929 CHARLAIS ST. CITY-ST-ZIP TALLAHASSEE, FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	000057802949 07/22/05--01044--019 **250.00	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 to an address, with all other like empowered.					
SIGNATURE: _____ 7/22/05 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					