

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000078769

1. Entity Name
CREATIVE DESTINATIONS EUROPE INC.



Principal Place of Business
**101 MEADOW CREEK COVE
LONGWOOD, FL 32750 US**

Mailing Address
**8297 CHAMPIONSGATE BLVD
#305
CHAMPIONSGATE, FL 33896 US**



03212006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3295525

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SWINARD, SHEILA
101 MEADOW CREEK COVE
LONGWOOD, FL 32750**

**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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SWINARD, SHEILA R**
STREET ADDRESS **101 MEADOW CREEK COVE**
CITY - ST - ZIP **LONGWOOD, FL 32750**

TITLE **D**
NAME **ETCHELLS, PATRICK R**
STREET ADDRESS **101 MEADOW CREEK COVE**
CITY - ST - ZIP **LONGWOOD, FL 32750**

TITLE **D**
NAME **BAILEY, VALIEJO**
STREET ADDRESS **337 OAK LEAF CIRCLE**
CITY - ST - ZIP **LAKE MARY, FL 32746**

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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04/20/06-80003-024 150.00

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **05 April 2006** Daytime Phone # **407 265 8808**