

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90165 005 ***150.00

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|--|---|--|--|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # 8297 Championsgate Blvd | | 3. Mailing Address Suite, Apt. #, etc. Suite 305 | |
| City & State Championsgate FL | | City & State Championsgate FL | |
| Zip 33896 | | Country USA | |
| 4. FEI Number 59-3295525 | | 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 SWINARD, SHEILA 101 MEADOW CREEK COVE LONGWOOD, FL 32750 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8297 Championsgate Blvd Suite 305 City Championsgate FL | |
| 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> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SWINARD, SHEILA R 101 MEADOW CREEK COVE LONGWOOD, FL 32750 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ETCHELLS, PATRICK R 101 MEADOW CREEK COVE LONGWOOD, FL 32750 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BAILEY, VALIEJO 337 OAK LEAF CIRCLE LAKE MARY, FL 32746 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 01 APRIL 2007 | |