

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078769

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: CREATIVE DESTINATIONS EUROPE INC.

## Current Principal Place of Business:

1200 WEST ST RD, 120  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

1200 WEST ST RD 434  
SUITE 120  
LONGWOOD, FL 32750 US

## Current Mailing Address:

1200 WEST ST RD, 120  
LONGWOOD, FL 32750 US

## New Mailing Address:

1200 WEST ST RD 434  
SUITE 120  
LONGWOOD, FL 32750 US

FEI Number: 59-3295525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWINARD, SHEILA  
8297 CHAMPIONSGATE BLVD  
SUITE 305  
CHAMPIONSGATE, FL 33896 US

## Name and Address of New Registered Agent:

SWINARD, SHEILA  
1200 WEST SR 434  
SUITE 120  
LONGWOOD, FL 32750 US

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.

SIGNATURE: SHEILA SWINARD

03/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SWINARD, SHEILA R  
Address: 8297 CHAMPIONSGATE BLVD SUITE 305  
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: D ( ) Delete  
Name: ETCHELLS, PATRICK R  
Address: 8297 CHAMPIONSGATE BLVD SUITE 305  
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: D ( ) Delete  
Name: BAILEY, VALIEJO  
Address: 337 OAK LEAF CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SWINARD, SHEILA R  
Address: 1200 WEST SR 434, SUITE 120  
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Change ( ) Addition  
Name: ETCHELLS, PATRICK R  
Address: 1200 WEST SR 434, SUITE 120  
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: SHEILA SWINARD

P

03/03/2009

Electronic Signature of Signing Officer or Director

Date