2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 08:00 AM Secretary of State **DOCUMENT # P95000035449** 1. Entity Name CREATIVE COMPUTING, INC. Principal Place of Business Mailing Address 227 MONTEREY WAY 227 MONTEREY WAY ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 04142004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0579791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JAMES, TANYA DO NOT WRITE 227 MONTERY WAY ROYAL PALM BEACH, FL 33411 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE D NAME JAMES, TANYA STREET ADDRESS 2200 S. CYPRESS BEND DRIVE CITY-ST-ZIP POMPANO BEACH, FL \$50000 42200 NAME 通点结节性。用用是可能 的 STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SYREET ADDRESS CITY-ST-ZIP TITLE SYRFET ADDRESS

12. I hereby certify that the information supplied with this filling 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 with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-4

561-1454300

FILED
