
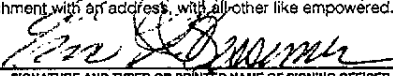


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000056068 1. Entity Name CREATIVE FIELDS, INC.		
Principal Place of Business 3200 HENDERSON BLVD. SUITE 100 TAMPA, FL 33609 US	Mailing Address 3200 HENDERSON BLVD. SUITE 100 TAMPA, FL 33609 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HESSEMER, ERIC 1624 STORINGTON AVENUE BRANDON, FL 33511		
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 _____ <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, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESSEMER, CHARLES 3200 WEST FIELDER STREET TAMPA, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESSEMER, GREGORY 3613 HORATIO STREET TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HESSEMER, ERIC 1624 STORINGTON AVE. TAMPA, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 with an address, with all other like empowered.		
SIGNATURE: 		Date: <u>4/21/05</u> Daytime Phone #: <u>813-870-6800</u>



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3328904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/23/05-80037-016 150.00