## 2006 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Apr 05, 2006 08:00 AM Secretary of State DOCUMENT # P96000001521 1. Entity Name COMET CREATIVE, INC. Principal Place of Business Mailing Address 100 AVE. A, STE. 2C 100 AVE. A, STE. 2C FT. PIERCE, FL 34950 FT. PIERCE, FL 34950 04022006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0626901 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLAIR, DORIS DO NOT WRITE 100 AVE. A, STE. 2C FT. PIERCE, FL 34950 IN THIS SPACE 6. 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 \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE BLAIR, DORIS NAME 100 AVE. A, STE. 2C STREET ADDRESS FT. PIERCE, FL 34950 Cary-St-ZiP 04/20/06-60003-010 150.60 BILE NAME STREET ADDRESS CITY-SI-INP TILLE NAME STREET ADDRESS DO NOT WRITE EITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SI-ZIP HRFNAME STREET ADDRESS City-St-ZiP

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

77-415-450