

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000003919

Entity Name: INNOVATIVE CREATIONS, INC.

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

524 ISLE OF CAPRI DR
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

C/O BRIAN LYNN
TWO S. UNIVERSITY DR. STE. 215
FORT LAUDERDALE, FL 33324

New Mailing Address:

FEI Number: 65-0633080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, BRIAN CPA
2 S. UNIVERSITY DRIVE
STE 215
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BATES, JAMES T
Address: 524 ISLE OF CAPRI DRIVE
City-St-Zip: FT. LAUDERDALE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BATES, CATIA
Address: 524 ISLE OF CAPRI DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VST () Change (X) Addition
Name: BATES, JAMES T
Address: 524 ISLE OF CAPRI DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

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: CATIA BATES

P

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date