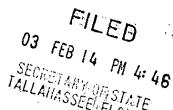
1. Entity Name

CREATIVE DEVELOPMENT, INC.



Principal Place of Business Mailing Address C/O CREATIVE CHOICE HOMES C/O CREATIVE CHOICE HOMES 4243-D NORTHLAKE BLVD. 4243-D NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 65-0663772 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAROT, DILIP Street Address (P.O. Box Number is Not Acceptable) 4243 NORTHLAKE BLVD STE D PALM BEACH GARDENS FL 33410 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State CR2E034 (10/02)



10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DTP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BAROT, DILIP		NAME	T		
STREET ADDRESS	4243 NORTHLAKE BLVD STE D		STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP	1/5K		
TITLE	SVP	☐ Delete	TITLE		Change	Addition
NAME	WEIR, JOHN F		NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
STREET ADDRESS	4243 NORTHLAKE BLVD STE D		STREET ADDRESS	•		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP			
TITLE	VP	Delete	TITLE		☐ Change	☐ Addition
NAME	WHEAT, TIMOTHY P	\sim 1	NAME	_8000192759	348	_
STREET ADDRESS	4243 NORTHLAKE BLVD STE D	•	STREET ADDRESS	02/28/0301057027	**158.7	5
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP			
TITLE	S	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	KAKKAR, YASHPAL		NAME		_	_
STREET ADDRESS	4243-D NORTHLAKE BLVD		STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	•	☐ Change	Addition
VAME			NAME		_ ,	_
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	···	☐ Delete	TITLE		☐ Change	Addition
IAME			NAME			
STREET ADDRESS			STREET ADDRESS			ĺ
CITY-ST-ZIP			CITY-ST-ZIP			
2. I hereby certify that the information supplied with this filing does not qualfy 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:

Yash Pal Kakkar, Secretary O

1/29/03

(561) 627-7988