

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90066 043 ***158.75

DOCUMENT # P96000042393 1. Entity Name CREATIVE CONCESSIONS, INC.					
Principal Place of Business 338 MILEHAM DRIVE ORLANDO, FL 32835 US			Mailing Address 7200 W POINTE BLVD #1523 ORLANDO, FL 32835 US		
2. Principal Place of Business 7200 Westpointe Blvd		3. Mailing Address 7200 Westpointe Blvd			
Suite, Apt. #, etc. 1523		Suite, Apt. #, etc. 1523		04282006 Chg-P CR2E034 (11/05)	
City & State Orlando - FL		City & State ORLANDO - FL		4. FEI Number 59-7019586	
Zip 32835		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMPHRIES, J G 300 SOUTH ORANGE AVENUE SUITE 100 ORLANDO, FL 32801-3373		7. Name and Address of New Registered Agent Name Tatiana Kappel Street Address (P.O. Box Number is Not Acceptable) 7200 Westpointe Blvd # 1523 City ORLANDO FL Zip Code 32835			
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 <u><i>Tatiana Kappel</i></u> DATE <u>04.28.06</u> <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, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAPPEL, TATIANA C 7200 W POINTE BLVD #1523 ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAGO, ALAESSANDRO A 7200 W POINTE BLVD #1523 ORLANDO, FL 32835	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <u><i>Tatiana Kappel</i></u> - Tatiana Kappel - 04.28.06 407.2935791 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					