

**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		
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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
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2. Principal Place of Business 7200 Westpointe Blvd	3. Mailing Address 7200 Westpointe Blvd		
Suite, Apt. #, etc. 1523	Suite, Apt. #, etc. 1523		
City & State Orlando, FL	City & State ORLANDO - FL		
Zip 32835	Country USA	Zip 32835	Country USA

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
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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: <i>Tatiana Kappel</i>	DATE: 04.28.06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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	
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Tatiana Kappel* - 04.28.06 107.2935791  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_