

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P96000075685

1. Entity Name

NATIVE CREATIONS, INC.



**FILED
Apr 17, 2007 8:00 am
Secretary of State**

04-17-2007 90050 039 ***150.00



1st MOORE CR2E034 (10/06)

| | | | |
|---|---------|--|---------|
| Principal Place of Business 10531 PINEWOOD TRAI; JUPITER FL 33478 | | Mailing Address 10531 PINEWOOD TRAI; JUPITER FL 33478 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent BARNETT, GARY 10531 PINEWOOD TRAIL JUPITER FL 33478 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 | |
| NAME STREET ADDRESS CITY-ST-ZIP | P BARNETT, GARY 10531 PINEWOOD TR JUPITER FL 33478 | NAME STREET ADDRESS CITY ST ZIP | SECRETARY/TREASURER Kay J. Barnett 10531 Pinewood Tr. Jupiter, FL. 33478 |
| NAME STREET ADDRESS CITY-ST-ZIP | | NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME STREET ADDRESS CITY-ST-ZIP | | 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 Section 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: *Gary Barnett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-07

sel 248-4347

Date

Daytime Phone #