

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000032905

FILED  
Mar 18, 2005  
Secretary of State

Entity Name: CREATIVE PARTNERS, INC.

## Current Principal Place of Business:

914 NE 20TH AVENUE  
FORT LAUDERDALE, FL 33304 US

## New Principal Place of Business:

## Current Mailing Address:

914 NE 20TH AVENUE  
FORT LAUDERDALE, FL 33304 US

## New Mailing Address:

FEI Number: 04-3256675      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CONVERY FOLTZ, SUSAN  
1918 NE 32ND AVE  
FT LAUDERDALE, FL 33305 US

## Name and Address of New Registered Agent:

CONVERY FOLTZ, SUSAN  
1910 SE 19TH STREET  
LAUDERDALE BY THE SEA, FL 33062 US

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: SUSAN C. FOLTZ

03/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: CONVERY FOLTZ, SUSAN  
Address: 1918 NE 32ND AVE  
City-St-Zip: FT LAUDERDALE, FL 33305

Title: PD ( ) Delete  
Name: ROBERT F FOLTZ,  
Address: 1918 NE 32ND AVE  
City-St-Zip: FT LAUDERDALE, FL 33305

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: CONVERY FOLTZ, SUSAN  
Address: 1910 SE 19TH STREET  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: PD (X) Change ( ) Addition  
Name: FOLTZ, ROBERT F  
Address: 1910 SE 19TH STREET  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN C. FOLTZ

STD

03/18/2005

Electronic Signature of Signing Officer or Director

Date