2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jan 21, 2004 08:00 AM DOCUMENT # P97000042384 **Secretary of State** CLEARLY CREATIVE, INC. Principal Place of Business Mailing Address 2333 BRICKELL AVENUE 2333 BRICKELL AVENUE TERRACE A MIAMI, FL 33129 TERRACE A MIAMI, FL 33129 CR2E034 (10/03) 01062004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2155245 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MARX, RICHARD B DO NOT WRITE 66 W FLAGLER ST 2ND FLOOR IN THIS SPACE MIAMI, FL 33130 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 Sgorman, typind or primed name of regimened against and this if applicable. (NOTE: Registered Agent signature required when resistantly) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TIME MARX, DORIANN NAME STRUCT ADDRESS 2333 BRICKELL AVENUE, TERRACE A CITY-ST-ZIP MIAMI, FL 33129 U000000U959U TITLE 01/21/04-80018-021 150.00 NAME STREET ADDRESS CSTY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ACCRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 attachyefit, with an address, with all gifter like empowered.

SIGNATURE: DORINN MARK PROS. /-/3-04 305-854-3686