2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 07, 2005 08:00 AM **Secretary of State** DOCUMENT # P97000044181 1. Entity Name CREATIVE FINANCIAL PLANNING, INC. Principal Place of Business ____ Mailing Address 201 ALHAMBRA CIRCLE SUITE 510 201 ALHAMBRA CIRCLE SUITE 510 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0753745 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLANCO, PLACIDO PETE DO NOT WRITE 201 ALHAMBRA CIRCLE SUITE 510 CORAL GABLES, FL 33134 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BLANCO, PLACIDO NAME 201 ALHAMBRA CIRCLE #510 U00000218761 02/07/05-80075-023 150.00 STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-7IP TITLE BLANCO, FILENE 201 ALHAMBRA CIRCLE #510 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33157 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify 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 trub and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver of trusted 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 one an attachment with an address, with all other like empowered.

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IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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