2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000098825

1. Entity Name

CREATIVE CHOICE HOMES XIV, INC.



Principal Place of Business

4243NORTHLAKEBLVD.,STE.D PALMBEACHGARDENS,FL33410 Mailing Address

4243NORTHLAKEBLVD.,STE.D PALMBEACHGARDENS,FL33410 FILED

2006 HAR 27 AH 9: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA



03082006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0795871 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAROT, DILIP 4243 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410

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.

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, 2006 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. DPT TITLE BAROT, DILIP NAME STREET ADDRESS 4243 NORTHLAKE BLVD., STE. D CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE BAROT, DILIP NAME STREET ADDRESS 4243-D NORTHLAKE BLVD CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 SVP TITLE NAME WEIR, JOHN F STREET ADDRESS 4243-D NORTHLAKE BLVD CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME KAKKAR, YASHPAL STREET ADDRESS 4243-D NORTHLAKE BLVD CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME

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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not oralify by 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 is 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.

Yash Pal Kakkar, Secretary

FICER OR DIRECTOR

3/09/06

(561) 627-7988

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR I

Date

Daytime Phone #