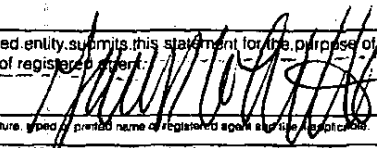
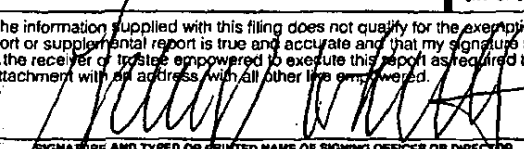


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

5/3

05-03-2004 91049 032 ***150.00

DOCUMENT # P97000099910					
1. Entity Name CREED MERCHANDISING, INC.					
Principal Place of Business 2813 S. HIAASSEE RD. SUITE 204 ORLANDO FL 32835			Mailing Address 2813 S. HIAASSEE RD. SUITE 204 ORLANDO FL 32835		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 77-0476037	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNEELY, ROBERT A ESQ. MCFARLAIN, WILEY, CASSEDY & JONES, P.A. 215 SOUTH MONROE ST., STE. 600 TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent Name GARRY WHITFIELD Street Address (P.O. Box Number is Not Acceptable) 2813 S. HIAASSEE RD. Suite 304 City Orlando FL Zip Code 32835		
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 		DATE 4/20/04			
Signature typed or printed name of registered agent and date of signature.		(NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAPP, SCOTT C/O JHMP, 15 S. ORANGE AVE. ORLANDO FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2813 S. HIAASSEE RD, Ste 304 ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TREMONTI, MARK C/O JHMP, 15 S. ORANGE AVE. ORLANDO FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WHITFIELD, GARRY D 15 S ORANGE AVENUE ORLANDO FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT PHILLIPS 2813 S. HIAASSEE RD, Ste 304 ORLANDO, FL 32835 SECRETARY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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 line empowered.					
SIGNATURE: 		DATE 4/27/04		DAYTIME PHONE # 407 394 2572	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66425894



MOORE CR2E034 (11/03)