2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 25, 2005 8:00 am **Secretary of State** DOCUMENT # P98000004923 1. Entity Name 03-25-2005 90021 038 ***150 00 CREATIVE CROWNING, INC. Principal Place of Business Mailing Address 9411 CYPRESS LAKE DRIVE 9411 CYPRESS LAKE DRIVE FORT MYERS FL 33919 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-0808617 Not Applicab Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEIST, H. ANTHONY Street Address (P.O. Box Number is Not Acceptable) 1661 ESTERO BLVD, STE 20 FORT MYERS BEACH FL 33932 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE ☐ Delete TITLE Additi VELAZQUEZ, JACQUELYN S NAME 163 MIRAMAR ST STREET ADDRESS STREET ADDRESS FORT MYERS BEACH FL 33931 CITY-ST-7IP CITY-ST-7IP P/D Change TITLE ☐ Detete TITLE Additi VELAZQUEZ, JACQUELYN S NAME NAME STREET ADDRESS 163 MIRAMAR ST STREET ADDRESS CITY-ST-ZIP FT MYERS BEACH FL 33931 CITY-ST-ZIP ☐ Defete TITLE TITLE Change ☐ Additi NAME HAGEN, RAMON NAME STREET ADDRESS STREET ADDRESS 6706 HARTMAN CITY-ST-ZIP **OMAHA NE 68104** CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition Addition Velazquez, Timothy 163 miramar st SHERMAN, ALUTIA NAME NAME 15741 CANDLE DR STREET ADDRESS STREET ADORESS FT MYERS FL 33908 CITY-ST-ZIP CITY-ST-7IP Fort myers Beach FL 33931 TITLE ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additic ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. Tacquelyn S Velazquez March 22 2005

IRECTOR Daylor Phone # 04 SIGNATURE: