

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000031093

1. Entity Name
COLLEEN'S CREATIVE CORNER, INC.



FILED
May 03, 2006 08:00 AM
Secretary of State

Principal Place of Business 2724 13TH STREET SAINT CLOUD, FL 34769 US	Mailing Address 2724 13TH STREET SAINT CLOUD, FL 34769 US
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DO NOT WRITE IN THIS SPACE

04302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3479005	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKS, COLLEEN
1202 MARYLAND AV
SAINT CLOUD, FL 34769

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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

Colleen Jenks

Colleen Jenks

4/30/06

DATE

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKS, COLLEEN 1202 MARYLAND SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000559787
05/18/06-80012-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for 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 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 like empowered.

SIGNATURE: Colleen Jenks

Colleen Jenks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #