


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90023 016 ***150.00

DOCUMENT # P98000042598

1. Entity Name
MEDIA CREATIONS INC.



Principal Place of Business Mailing Address
8055 W. MCNAB ROAD **PO BOX 772246**
TAMARAC, FL 33321 US **CORAL SPRINGS, FL 33071-2246**

90016014



2. Principal Place of Business 3. Mailing Address
7915 W McNab Rd **7915 W McNab Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01302006 Chg-P CR2E034 (11/05)

City & State City & State
Tamarac, FL **Tamarac, FL**
 Zip Country Zip Country
33321 **US** **33321** **US**

4. FEI Number Applied For
65-0837948 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREENSPAN, DEBORAH
8055 W. MCNAB ROAD
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
 Name
 City Address (P.O. Box Number is Not Acceptable)
7915 W. McNab Rd -
 City State Zip Code
Tamarac, FL 33321

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: *Deborah Green* 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	Delete
P	GREENSPAN, DEBORAH	139 S.W. 98TH LANE	CORAL SPRINGS, FL 33071	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		7970 NW 4th Place	Plantation, FL 33324	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Deborah Green* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR