2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073671

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Entity Name: CREATIVE INTEGRATED SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

16209 LAKEHEAD COURT TAMPA, FL 33618 US

Current Mailing Address: New Mailing Address:

PO BOX 1792

TAMPA, FL 33601 US

FEI Number: 59-3531427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MIKOS, CYNTHIA A ESQ.
205 N PARSONS AVE
2018 EAST 4TH AVENUE
BRANDON, FL 33510

MIKOS, CYNTHIA A ESQ.
2018 EAST 4TH AVENUE
TAMPA, FL 33605 US

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.

SIGNATURE: 04/29/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Apr 29, 2004

Secretary of State

Title: CPVS () Delete Title: () Change () Addition

 Name:
 TODD, CEEBEE
 Name:

 Address:
 16209 LAKEHEAD COURT
 Address:

 City-St-Zip:
 TAMPA, FL 33618 14
 City-St-Zip:

Name: LOVE, THOMAS D Name: TODD, CEEBEE

 Address:
 8065 RIDGEGLEN CIRCLE W
 Address:
 16209 LAKEHEAD COURT

 City-St-Zip:
 LAKELAND, FL 33809
 City-St-Zip:
 TAMPA, FL 33816 US

() Delete Title: Title: (X) Change () Addition RODACHA, RICHARD F MD RODACHA, RICHARD F MD Name: Name: 1225 CYPRESS POINT EAST RD 1225 CYPRESS POINT EAST RD Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33884 US

Title: () Delete Title: (X) Change () Addition GRANT, YVONNE A GRANT, YVONNE A Name: Name: 8065 RIDGEGLEN CIRCLE WEST 8065 RIDGEGLEN CIRCLE WEST Address: Address: City-St-Zip: City-St-Zip: LAKELAND, FL 33809 LAKELAND, FL 33809 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CEEBEE TODD CPVS 04/29/2004