

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073671

FILED
Apr 30, 2009
Secretary of State

Entity Name: CREATIVE INTEGRATED SERVICES, INC.

Current Principal Place of Business:

16209 LAKEHEAD COURT
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

5328 LAKE ARROWHEAD TRAIL
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 59-3531427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPVS () Delete
Name: TODD, CEEBEE
Address: 16209 LAKEHEAD COURT
City-St-Zip: TAMPA, FL 33618 US

Title: T () Delete
Name: TODD, CEEBEE
Address: 16209 LAKEHEAD COURT
City-St-Zip: TAMPA, FL 33818 US

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

Title: D () Delete
Name: WASHBURN, CINDY D
Address: 5328 LAKE ARROWHEAD TRAIL
City-St-Zip: SARASOTA, FL 34231 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date