

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008650

Entity Name: FGP CREATIONS, INC.

FILED  
Mar 22, 2006  
Secretary of State

## Current Principal Place of Business:

4344 PINNACLE ST  
CHARLOTTE HARBOR, FL 33980

## Current Mailing Address:

P O BOX 494253  
CHARLOTTE HARBOR, FL 33980

## New Principal Place of Business:

2740 BOBCAT VILLAGE CENTER ROAD  
SUITE 300B  
NORTH PORT, FL 34288

## New Mailing Address:

2740 BOBCAT VILLAGE CENTER ROAD  
SUITE 300B  
NORTH PORT, FL 34288

FEI Number: 59-3554854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREGOIRE, TINA RAE  
4344 PINNACLE STREET  
CHARLOTTE HARBOR, FL 33980 US

## Name and Address of New Registered Agent:

GREGOIRE, TINA RAE  
2740 BOBCAT VILLAGE CENTER ROAD  
SUITE 300B  
NORTH PORT, FL 34288 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: TINARAE GREGOIRE

03/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GREGOIRE, TINARAE  
Address: 3200 ALESIO AVE.  
City-St-Zip: NORTH PORT, FL 34286

Title: SD ( ) Delete  
Name: FEO, SALVATORE  
Address: 5538 SAN LUIS TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: TD ( ) Delete  
Name: FEO, DAVID  
Address: 3220 ALESIO AVE.  
City-St-Zip: NORTH PORT, FL 34286

Title: VP ( ) Delete  
Name: PROFITA, TIFFANY  
Address: 5421 SAN LUIS TERRACE  
City-St-Zip: NORTH PORT, FL 34286

## 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 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: TINARAE GREGOIRE

PRES

03/22/2006

Electronic Signature of Signing Officer or Director

Date