

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008650

Entity Name: FGP CREATIONS, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

2700 BOBCAT VILLAGE CENTER ROAD
NORTH PORT, FL 34288

Current Mailing Address:

2740 BOBCAT VILLAGE CENTER ROAD
NORTH PORT, FL 34288

New Mailing Address:

2700 BOBCAT VILLAGE CENTER ROAD
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
2740 BOBCAT VILLAGE CENTER ROAD
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

GREGOIRE, TINA RAE
2700 BOBCAT VILLAGE CENTER ROAD
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

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREGOIRE, TINARAE
Address: 3570 JEANINN DRIVE
City-St-Zip: NORTH PORT, FL 34288

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: 3200 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 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

04/06/2009

Electronic Signature of Signing Officer or Director

Date