

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000022805</b>		
1. Entity Name <b>CREATIVE DATA TECHNOLOGIES, INC.</b>		
Principal Place of Business <b>7993 GLENARBOR CT. TALLAHASSEE, FL 32309</b>		Mailing Address <b>P.O. BOX 912 MONTICELLO, FL 32345</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		03072008 No Chg-P CR2E034 (11/05)
4. FEI Number <b>65-0904659</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>MCKENNA, NORMA E O 7993 GLENARBOR CT TALLAHASSEE, FL 32309</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		1100001462178 03/21/06-80025-016 150.00
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	O	
NAME	MCKENA, NORMA	
STREET ADDRESS	7993 GLENARBOR CT	
CITY- ST- ZIP	TALLAHASSEE, FL 32309	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: <i>Norma Berrios McKenna</i>		<b>3-7-06</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Overtime Phone #</small>