## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

NAME

STREET ADDRESS CJTY-\$T-ZIP

## FILED Apr 12, 2007 8:00 am Secretary of State

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DOCUMENT # P9900036019  1. Entity Name CREATIVE ENDEAVORS INNOVATIVE WALL DESIGNS, INC.									90042 050 ***15	
Principal Place of Business 1913 NW 93RD TER.			Mailing Address 1913 NW 93RD TER.			900				
CORAL SPRII	N65, FL 331	J/ I	LUKAL	. Springs, FL 3:	30 / 1	٠.		E EDIJE IGTII BOIM GENI EDI:	Y CZIOR IIIIG OIIII ROIZI IITIV	<b>                                    </b>
2. Principal F	Place of Busin	ness - No P O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04022007	Chg-P	CR2E034 (12/06	<b>i</b> )	
City & State			City & State			<b></b>	4. FEI Numb 65-091		<b>⊢</b>	Applied For Not Applicable
Zip	Zip Country		Zip Co.		Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
<u> </u>	6. Name	and Address of Curren	t Registered	Acent	1		7. Name and	Address of New R	<del></del>	
	0. 1441110	and Address of Carren	it riogistored	- Agoin	Nar	7. Name and Address of New Registered Agent Name				
RYBINSKI, MICHAEL 1913 NW 93RD TERRACE						Street Address (P.O. Box Number is Not Acceptable)				
CORAL.SI	PRINGS, F	FL 33071				,				
						City FL Zip Code				
	e named entity tions of regist	y submits this statement l tered agent.	for the purpo:	se of changing its	registered offi	se or registe	red agent, or bo	th, in the State of Flo	orida. I am familiar wit	h, and accept
SIGNATURE.	Signature, typed	or printed name of registered ages	nt and title it applic	able. (NOTI	E: Registered Agent	signature require	d when reinstating)		DATE	
		FEE IS \$150.00 7 Fee will be \$550	I	Election Campa Trust Fund Cont		□ \$5 □ Add	.00 May Be ded to Fees			
10.		OFFICERS AND	D DIRECTOR	S	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	98S (N 11
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	1	NDING LAKE ROAD	#104		CITY-ST-ZIP	[33]	12 60 CC	4300 year	ace.	
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAME STREET ADORESS

SIGNATURE: Michael / Edamei		
SIGNATURE AND TYPED OR PRINTED NAME F SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #