04-29-04 16:05 FROM-ACCOUNTING OFFICE +954958929

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90455 021 ***163.75

DOCUMENT # P99000047075

1. Entity Name
CREATIVE POSSIBILITIES, INC.

Principal Place of Business	Mailing Address
1409 S.W. 1ST TERRACE DEERFIELD BEACH, FL 33441	1409 S.W. 1ST TERRACE DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0927388
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT, CHARLES D
500 AUSTRALIAN AVE. SOUTH STE. 600
WEST PALM BEACH, FL 33401

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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: Jack Miller 4-30-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, JACK
STREET ADDRESS	1409 S.W. 1ST TERRACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	CHANGE OF ADDRESS
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	JACK MILLER PRES
STREET ADDRESS	18379 CORAL CHASE DR
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	BOCA RATON, FL. 33498
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jack Miller 4-30-04 954-520-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #