2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90729 025 ***150.00

DOCUMENT # P99000052402

1. Entity Name

CREED WEAR, INC.

Principal Place of Business	Mailing Address
2813 S HIAWASRR ED ORLANDO FL 32835	1261 LINCOLN AVE. STE. 216 SAN JOSE CA 95125

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
2813 S. Hiawassee Rd	2813 S. HIAWASSEE Rd
Suite, Apt. #, etc.: 304	Suite, Apt. #, etc.: 304
City & State: Orlando, Florida	City & State: ORLANDO, FL
Zip: 32835 Country: U.S.A.	Zip: 32835 Country: ORANGE

4. FEI Number 59-3574123 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCNEELY, ROBERT A ESQ.
MCFARLAIN, WILEY, CASSEDY & JONES, P.A.
215 SOUTH MONROE ST., STE. 600
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: GARRY WHITFIELD
Street Address (P.O. Box Number is Not Acceptable): 2813 S. Hiawassee Rd
Suite 304
City: Orlando FL Zip Code: 32835

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: [signature] 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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STAPP, SCOTT 2418 N MONROE ST, STE 140 TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2813 S. HIAWASSEE Rd, Ste 304 ORLANDO, FL 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TREMONTI, MARK 2418 N MONROE ST STE 140 TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PHILLIPS, SCOTT 2418 N MONROE ST STE 140 TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO WHITFIELD, GARRY D 15 S ORANGE AVE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/27/04 407 384 8872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #