2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2008 08:00 AN Secretary of State **DOCUMENT # P99000057538** CREATIONS PRODUCTIONS AND MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 5055 COLLINS AVENUE, #1F 5055 COLLINS AVENUE, #1F MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 No Chg-P 04302008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0936839 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent OPHIR, CARMEL DO NOT WRITE 5055 COLLINS AVENUE, #1F MIAMI BEACH, FL 33140 IN THIS SPACE 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. Soneture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regured when reinstating) \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 000000942034 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ′29/08-80003-016 150.00 10. OFFICERS AND DIRECTORS TITLE OPHIR, CARMEL T NAME STREET ADDRESS 5055 COLLINS AVE CITY-ST-ZIP MIAMI BCH, FL 33140 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 addres

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> HE'OF EIGHING OFFICER OR DIRECTOR TYPED OR PRINTED