


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000060777</b> 1. Entity Name <b>CREATIVE FIELDS PUBLISHING, INC.</b>	
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Principal Place of Business <b>3200 FIELDER ST. TAMPA, FL 33611 US</b>	Mailing Address <b>PO BOX 320668 TAMPA, FL 33679 US</b>
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03242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3600487</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**HESSEMER, ERIC  
1624 STORINGTON AVENUE  
TAMPA, FL 33511**

**DO NOT WRITE  
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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000914432  
05/08/08-80056-020 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HESSEMER, CHARLES 3200 FIELDER ST. TAMPA, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT HESSEMER, GREGORY 3613 HORATIO STREET TAMPA, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS HESSEMER, ERIC 1624 STORINGTON AVENUE TAMPA, FL 33511</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP YOUNG, TODD 1107 HOOVER MT. HOLLY, NC 28120</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gregory Hessemer 04/18/08 813 870-6800**

Date

Daytime Phone #