

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**Jan 31
Sec**

DOCUMENT # P99000103388 1. Entity Name CREATIVE MORTGAGE SOLUTIONS 2000, INC.		
Principal Place of Business 5747-5749 N UNIVERSITY DR TAMARAC, FL 33321	Mailing Address 5747-5749 N UNIVERSITY DR TAMARAC, FL 33321	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 01282005 No Chg-P CR2E034 (10/03) </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 65-0964435 </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="text-align: right;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent		
APUZZO, BARBARA 11522 MANATEE BAY LANE LAKE WORTH, FL 33467	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.		
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <u><i>Barbara Apuzzo</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable</small> </div> <div style="text-align: right;"> <u>1/28/2005</u> <small>Date</small> </div> </div> <p align="center"><small>(NOTE: Registered Agent signature required when reinstating)</small></p>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%; text-align: right;"> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P APUZZO, BARBARA 11522 MANATEE BAY LANE LAKE WORTH, FL 33467	DO NOT WRITE IN THIS SPACE
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.		
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <u><i>Barbara Apuzzo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="text-align: right;"> <u>1/28/2005</u> <small>Date</small> </div> <div style="text-align: right;"> <u>954-726-7100</u> <small>Daytime Phone #</small> </div> </div>		



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01/31/05-R0005-014 150.00