2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2004 08:00 AM **DOCUMENT # P99000110790 Secretary of State** 1. Entity Name CREATIVE EDUCATION SOLUTIONS, INC. Principal Place of Susiness Mailing Address 1207 WATERWITCH COVE CIRCLE 1207 WATERWITCH COVE CIRCLE ORLANDO, FL 32806 ORLANDO, FL 32806 01032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3428036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHOTT, JAMES L DO NOT WRITE 1207 WATERWITCH COVE CIRCLE ORLANDO, FL 32806 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_ DATE Semaltre, typed by printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulated when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SCHOTT, JAMES L 1207 WATERWITCH COVE CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 11000000022644 TITLE 01/30/04-00053-001 150.00 SCHOTT, MARY V NAME STREET ADDRESS 1207 WATERWITCH COVE CIRCLE CITY-ST-7IP ORLANDO, FL 32806 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST ZIP

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 pectiver or thistee 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 a tolerance of the corporation of the co

GNING OFFICER OR DIRECTOR

SIGNATURE:

TITLE NAME STREET ADDRESS