


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # S39114 1. Entity Name MARKETING CREATIONS, INC.	
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Principal Place of Business 7776 TRAVELERS TREE DR. BOCA RATON, FL 33433 US	Mailing Address 7776 TRAVELERS TREE DR. BOCA RATON, FL 33433 US
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DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2225662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEVINE, STEWART D.
7776 TRAVELERS TREE DRIVE
BOCA RATON, FL 33433

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000776403 01/09/08-80022-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LEVINE, STEWART D. 7776 TRAVELERS TREE DRIVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LEVINE, SANDRA 7776 TRAVELERS TREE DRIVE BOCA RATON, FL 33433
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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 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: Stewart Levine STEWART LEVINE 1-8-08 (561) 394-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #