2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 22, 2005 08:00 AM Secretary of State

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1. Entity Nam	MENT # S69286 CREEK DEVELOPMENT COR	PORATION			56	ecretar	y of Sta
	e of Business M HINGTON LOOP RD DA, FL 33982 I				17711 5 1177 61411 7177		
DO NOT WRITE IN THIS SPA			CE	08092005 4. FE! Numbe 65-028	No Chg-P	CR2E034 (
	5. Name and Address of Current Regis	stered Agent					
TEHRANI, MASSOUD M 38530 WASHINGTON LOOP RD PUNTA GORDA, FL 33982			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or register	red agent, or bot	th, in the State of Flo	rida. I am famili	ar with, and accept
	Signature, lyped or printed name of registered agent and blief	d Agent signature required	pd when reinstating) DATE				
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		Trust Fund Contribution.		.00 May Be led to Fees	1/00000376866 08/22/05-80005-022 550.00		
10.	OFFICERS AND DIRE	CTORS	4				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEHRANI, MASSOUD 38530 WASHINGTON LOOP RD PUNTA GORDA, FL 33982					-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TEHRANI, MARLENE 38530 WASHINGTON LOOP RD PUNTA GORDA, FL 33982				. <u> </u>		
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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 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:

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
CITY-ST-ZIP

CITY-ST-ZIP

MANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/5 94,639-033

DO NOT WRITE

IN THIS SPACE