

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85072

FILED  
Apr 12, 2009  
Secretary of State

Entity Name: CREATIVE POOLS, INC.

## Current Principal Place of Business:

5740 SHIRLEY ST.  
NAPLES, FL 34109 US

## New Principal Place of Business:

## Current Mailing Address:

5740 SHIRLEY ST.  
NAPLES, FL 34109 US

## New Mailing Address:

FEI Number: 65-0291402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAHAM, GALE  
5740 SHIRLEY ST  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: GRAHAM, SANDRA L.  
Address: 5740 SHIRLEY ST  
City-St-Zip: NAPLES, FL

Title: VP ( ) Delete  
Name: ROBBINS, KENNETH  
Address: 123 JOHNSON CT.  
City-St-Zip: NAPLES, FL

Title: P ( ) Delete  
Name: GRAHAM, GALE  
Address: 5740 SHIRLEY ST.  
City-St-Zip: NAPLES, FL

Title: VP ( ) Delete  
Name: BROWN, BRIAN L  
Address: 4525 ACADIA LANE  
City-St-Zip: NAPLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE GRAHAM

P

04/12/2009

Electronic Signature of Signing Officer or Director

Date