

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V67134

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** CREATIVE CEILINGS ENTERPRISES, INC.

**Current Principal Place of Business:**

4928 RABBIT HOLLOW DR  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

4928 RABBIT HOLLOW DR  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 59-3143882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRUDEN, JAMES L ESQ  
980 N FEDERAL HIGHWAY  
STE 404  
BOCA RATON, FL 33432 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: D ( ) Delete  
Name: SCHUESSLER, GREGOR  
Address: 4928 RABBIT HOLLOW DRIVE  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHUESSLER, GREGOR  
Address: 4928 RABBIT HOLLOW DRIVE  
City-St-Zip: BOCA RATON, FL 33487

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:** GREGOR SCHUESSLER

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04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date