

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90013 005 \*\*\*150.00



<b>DOCUMENT # L25356</b>	
1. Entity Name <b>CREATE-A-BOOK, INC.</b>	
Principal Place of Business <b>77 MAGNETO DR PUEBLO CO 81007 US</b>	Mailing Address <b>PO BOX 61377 BOULDER CITY NV 89006 US</b>
2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>P.O. BOX 230250</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>LAS VEGAS NV</b>
Zip	Country <b>USA</b>
Country	Zip <b>89105</b>



1st MOORE CR2E034 (10/07)

4. FEI Number <b>59-3049258</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>SMITH, GREGORY D. 201 SOUTH BAYLEN STREET SUITE B PENSACOLA FL 32501</b>		7. Name and Address of New Registered Agent <del>Name: <b>IVRAI SERVICES, INC</b></del> Street Address (P.O. Box Number is Not Acceptable) <b>2731 EXECUTIVE PARK DRIVE, Suite 4</b> City <b>Weston</b> FL Zip Code <b>33331</b>

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: *Danita Mahoney, Asst Sec.* DATE: **2/6/2008**  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEFTY, JOHN 2530 CRAFTY CLINT LANE HENDERSON NV 89015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN HEFTY 10957 INVERLOCHY CT LAS VEGAS, NV 89141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John Hefty* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **1-30-08** Daytona Phone #: **702-630-2764**