


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90003 004 \*\*\*\*61.25

DOCUMENT # N49924			
1. Entity Name THE CENTER FOR CREATIVE CONSCIOUSNESS, INC.			
Principal Place of Business 19610 WEST LAKE DRIVE MIAMI, FL 33015		Mailing Address 19610 WEST LAKE DRIVE MIAMI, FL 33015	
2. Principal Place of Business 2829 BIRD AVE. Suite, Apt. #, etc. PMB 301 City & State COCONUT GROVE FL		3. Mailing Address 2829 BIRD AVE. Suite, Apt. #, etc. PMB 301 City & State COCONUT GROVE FL	
4. FEI Number 65-0396543		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 ANDERSON, CLAIRE 19610 WEST LAKE DRIVE MIAMI, FL 33015		7. Name and Address of New Registered Agent Name CLAIRE ANDERSON Street Address (P.O. Box Number is Not Acceptable) 2829 BIRD AVENUE PMB 301 City COCONUT GROVE FL Zip Code 33133	
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: <u>Claire Anderson</u> DATE: <u>1/16/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, CLAIRE 19610 WEST LAKE DRIVE MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAIRE ANDERSON 2829 BIRD AVE PMB 301 COCONUT GROVE FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN, BRIAN 19610 W LAKE DRIVE MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN, BRIAN 2829 BIRD AVENUE PMB 301 COCONUT GROVE FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN, RUSSELL 19610 W LAKE DR MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN, RUSSELL 2829 BIRD AVENUE PMB 301 COCONUT GROVE FL 33133 <input type="checkbox"/> Change <input checked="" 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
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 617, 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: <u>Claire Anderson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/16/04</u> Daytime Phone #: <u>305-710-9579</u>	
<u>CLAIRE ANDERSON</u>			

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