

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N49924

1. Entity Name  
 THE CENTER FOR CREATIVE CONSCIOUSNESS, INC.



Principal Place of Business  
 2829 BIRD AVE.  
 PMB 301  
 COCONUT GROVE, FL 33133

Mailing Address  
 2829 BIRD AVE.  
 PMB 301  
 COCONUT GROVE, FL 33133

**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-0396543

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, CLAIRE  
 2829 BIRD AVENUE  
 PMB 301  
 COCONUT GROVE, FL 33133

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, CLAIRE 2829 BIRD AVENUE PMB 301 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN, BRIAN 2829 BIRD AVENUE PMB 301 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN, RUSSELL 2829 BIRD AVENUE PMB 301 COCONUT GROVE, FL 33133
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 03/02/05-80069-015 61.25

**DO NOT WRITE IN THIS SPACE**

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: Claire Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAIRE  
 ANDERSON

Date

2/27/05

Daytime Phone #

305 -  
 710-9579