

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49924

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: THE CENTER FOR CREATIVE CONSCIOUSNESS, INC.

**Current Principal Place of Business:**

2829 BIRD AVE.  
PMB 301  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

1325 N. ALLEN PL  
APT 136  
SEATTLE, WA 98103

**Current Mailing Address:**

2829 BIRD AVE.  
PMB 301  
COCONUT GROVE, FL 33133

**New Mailing Address:**

1325 N ALLEN PL  
APT 136  
SEATTLE, WA 98103

FEI Number: 65-0396543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

ANDERSON, CLAIRE  
1325 N ALLEN PL  
APT.136  
SEATTLE, FL 98103 US

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:

01/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANDERSON, CLAIRE  
Address: 2829 BIRD AVENUE PMB 301  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: SHULMAN, BRIAN  
Address: 2829 BIRD AVENUE PMB 301  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: SHULMAN, RUSSELL  
Address: 2829 BIRD AVENUE PMB 301  
City-St-Zip: COCONUT GROVE, FL 33133

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

Title: PD (X) Change ( ) Addition  
Name: ANDERSON, CLAIRE  
Address: 1325 N. ALLEN PL APT 136  
City-St-Zip: SEATTLE, WA 98103

Title: D (X) Change ( ) Addition  
Name: SHULMAN, BRIAN  
Address: 1325 N ALLEN PL APT 136  
City-St-Zip: SEATTLE, WA 98103

Title: D (X) Change ( ) Addition  
Name: SHULMAN, RUSSELL  
Address: 1325 N ALLEN PL APT 136  
City-St-Zip: SEATTLE, WA 98103

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE ANDERSON

PD

01/22/2007

Electronic Signature of Signing Officer or Director

Date