


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000052081**

1. Entity Name  
**SMALL WORLD CREATIONS, INC.**



Principal Place of Business  
**851 HUNTINGTON ST.  
 MOUNT CLEMENS, MI 48043**

Mailing Address  
**851 HUNTINGTON ST.  
 MOUNT CLEMENS, MI 48043**

**DO NOT WRITE IN THIS SPACE**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**32-0018376**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.  
 526 EAST PARK AVE.  
 STE. 200  
 TALLAHASSEE, FL 32302**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent when applicable. (NOTE: Registered Agent Signature required when rechartering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MITROWSKI, RON
STREET ADDRESS	851 HUNTINGTON ST
CITY ST ZIP	MOUNT CLEMENS, MI 48043
TITLE	D
NAME	MITROWSKI, PATTI
STREET ADDRESS	851 HUNGTINGTON ST
CITY ST ZIP	MOUNT CLEMENS, MI 48043
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/26/04-80019-015 150.00  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, just as if they were empowered.

SIGNATURE: *P. Mitrowski* **P. Mitrowski** 01 MAR 04 586-468-0701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR