
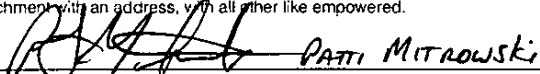


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90205 008 \*\*\*150.00

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		
2. Principal Place of Business 20504 E 12 mile Rd Suite, Apt. #, etc.		3. Mailing Address 20504 E 12 mile Rd Suite, Apt. #, etc.			
City & State St Clair Shores MI		City & State St Clair Shores MI		4. FEI Number 32-0018376	
Zip 48081		Country Macomb		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent		
Name			Applied For		
Street Address (P.O. Box Number is Not Acceptable)			Not Applicable		
City			FL		
Zip Code			FL		
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Trust/Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITROWSKI, RON		NAME	MITROWSKI, RON	
STREET ADDRESS	851 HUNTINGTON ST		STREET ADDRESS	20504 E 12 mile Rd	
CITY-ST-ZIP	MOUNT CLEMENS, MI 48043		CITY-ST-ZIP	ST CLAIR SHORES, MI 48081	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITROWSKI, PATTI		NAME	MITROWSKI, PATTI	
STREET ADDRESS	851 HUNTINGTON ST		STREET ADDRESS	20504 E 12 mile Rd	
CITY-ST-ZIP	MOUNT CLEMENS, MI 48043		CITY-ST-ZIP	ST CLAIR SHORES, MI 48081	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: 		PATTI MITROWSKI		2/22/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 786-247-0701	