

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718044

FILED
Feb 18, 2009
Secretary of State

Entity Name: CONCEPT HOUSE INC.

Current Principal Place of Business:

162 N E 49TH ST
MIAMI, FL 331373118

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 370689
MIAMI, FL 331373118

New Mailing Address:

FEI Number: 23-7063810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GISSSEN, MATTEW
4500 ISLAND ROAD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: GISSSEN, MATTHEW
Address: 4500 ISLAND ROAD
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: HOLDER, RITA
Address: 3303 FLAMINGO DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: ROEDEL, JERRY
Address: 5781 SW 88 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: D () Delete
Name: SCHWARTZ, SHELDON
Address: 15555 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33160

Title: ST () Delete
Name: GRIZZLE, NANCY D
Address: 725 NE 22ND STREET, UNIT 15B
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: SILVERMAN, ADAM
Address: 2800 PONCE DE LEON BLVD., SUITE 1125
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MATTHEW GISSSEN

CDP

02/18/2009

Electronic Signature of Signing Officer or Director

Date