2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L79412

Entity Name: SOLE CONCEPT, INC.

Current Principal Place of Business:

SETRASARI MAL B4-91
BANDUNG, WJ 40163 ID

New Principal Place of Business:

Current Mailing Address:

1528 NW MAYFIELD RD
PORTLAND, OR 97229 US

New Mailing Address:

FEI Number: 65-0207985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIRSCH, KIM M
209 NE CHOLOCKKA
MICANOPY, FL 32667 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDV ( ) Delete
Name: COPLON, BARBARA
Address: 8340 GREENSBORO DR #825
City-St-Zip: MCLEAN, VA 22102

Title: ST ( ) Delete
Name: COPLON, KEVIN
Address: 1528 NW MAYFIELD RD
City-St-Zip: PORTLAND, OR 97229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDV (X) Change ( ) Addition
Name: COPLON, BARBARA
Address: 4701 WILLARD AVE APT 821
City-St-Zip: CHEVY CHASE, MD 20815

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN COPLON ST 01/15/2009

Electronic Signature of Signing Officer or Director Date