


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90004 012 \*\*\*150.00

**DOCUMENT # P00000068303**


1. Entity Name  
**FUSION CONCEPTS, INC.**



Principal Place of Business      Mailing Address  
**P.O. BOX 2464**      **P.O. BOX 2464**  
**HALLANDALE, FL 33008**      **HALLANDALE, FL 33008**

2. Principal Place of Business      3. Mailing Address  
**430 SE 7th Ave.**      **430 SE 7th Ave.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Pompano Beach, FL**      **Pompano Beach, FL**  
 Zip      Country      Zip      Country  
**33060**      **U.S.**      **33060**      **U.S.**



03162005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-1023112**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MELAMED, ELLIOT CPA**  
**MELAMED HANDY & KARP, LLP**  
**12000 BISCAYNE BLVD., SUITE 405**  
**NORTH MIAMI, FL 33181**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUJAKY, HOWARD</b> <b>P.O. BOX 2464</b> <b>HALLANDALE, FL 33008</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>430 SE 7th Ave.</b> <b>Pompano Beach, FL 33060</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_      **DATE:** **May 19, 2005**      **DAYTIME PHONE #:** **305-542-9421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #