


FILED  
 May 01, 2006 08:00 AM  
 Secretary of State

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P00000068303**  
 1. Entity Name  
 FUSION CONCEPTS, INC.



Principal Place of Business 430 SE 7TH AVENUE POMPANO BEACH, FL 33060	Mailing Address 430 SE 7TH AVENUE POMPANO BEACH, FL 33060
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**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1023112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**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 and Title if applicable. (NOTE: Registered Agent signature required when retaking)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000550242 05/13/06-80053-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUJAKY, HOWARD 430 SE 7TH AVENUE POMPANO BEACH, FL 33060
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 all addresses, with all other filers empowered.

SIGNATURE: [Signature] Date: 4/23/06 305 542-9421  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR