

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90020 034 ***150.00

DOCUMENT # P07148

1. Entity Name
 RETAIL CONCEPTS, INC. OF TEXAS



Principal Place of Business
 4001 GREENBRIAR SUITE 100
 STAFFORD, TX 77477

Mailing Address
 4001 GREENBRIAR
 SUITE 100
 STAFFORD, TX 77477

40042917



02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2120086	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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDWARE, BARRY I. 11527 GREEN OAKS HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDWARE, LINDA P. 11527 GREEN OAKS HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANLEY, B. F. 4915 CHEENA HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX V STEVE RATH 4001 GREENBRIAR SUITE 100 STAFFORD, TX 77477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *B.F. Stanley* B.F. Stanley, COO/CFO 281-340-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #