


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90023 023 ***150.00

DOCUMENT # P96000078512

1. Entity Name
CONCEPTS WORLDWIDE, INC.



Principal Place of Business Mailing Address

19 DEWEY PLACE **19 DEWEY PLACE**
LINDENHURST, NY 11757 US **LINDENHURST, NY 11757 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04142008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0728348 Not Applicable

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



6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	S	<input type="checkbox"/> Delete
NAME	COBANOGLU, NURSEL	
STREET ADDRESS	4216 28TH AVE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11103	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SUZEK, BEDRIYE H	
STREET ADDRESS	4216 28TH AVE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11103	
TITLE	FM	<input type="checkbox"/> Delete
NAME	CUNEYT, AKPINAR	
STREET ADDRESS	4216 28TH AVE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11103	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	CESUR, CIHAN	
STREET ADDRESS	BAGKAT CAD. VAPURYDU SOK OALU AP.	
CITY-ST-ZIP	SUADIYE, ISTANBUL, TURKEY, 41216	
TITLE	P	<input type="checkbox"/> Delete
NAME	COBANOGLU, NURSEL	
STREET ADDRESS	4216 28TH AVE	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABAZ, Nursel	
STREET ADDRESS	19 Dewey Place	
CITY-ST-ZIP	Lindenhurst, NY 11757	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	:	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cuneyt Akpinar	
STREET ADDRESS	19 Dewey Place	
CITY-ST-ZIP	Lindenhurst, NY 11757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABAZ, Nursel	
STREET ADDRESS	19 Dewey Place	
CITY-ST-ZIP	Lindenhurst, NY 11757	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M Everton R. Wallace	
STREET ADDRESS	19 Dewey Place	
CITY-ST-ZIP	Lindenhurst, NY 11757	

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: *N. Sobot* April 14, 2008 631-532 0818