2007 FOR PROFIT CORPORATION

FILED . "ANNUAL REPORT Feb 08, 2007 08:00 AN **DOCUMENT # P97000073252 Secretary of State** RETAIL CONCEPTS, INC. Principal Place of Business Mailing Address 1120 S FEDFRAL HWY STE 200 1120 S FEDERAL HWY STE 200 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 02032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0776568 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE ZENGAGE, JAMES 1120 S FEDERAL HWY STE 200 DELRAY BEACH, FL 33483 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: Recistered Agent signature joouined when reinstating) 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, DPVS me ZENGAGE, JIM HAME STREET ADDRESS 1120 S FEDERAL HWY #200 CTY-ST-ZIP DELRAY BEACH, FL 33483 1/000000628426 02/16/07-80014-003 158.5 TITLE NAME FISHER, MARY E STREET ACCRESS 1120 S FEDERAL HWY #200 CTY-ST-ZP DELRAY BEACH, FL 33483 TITLE MMC STRUCT ADDRESS DO NOT WRITE CTY-ST-ZIP IN THIS SPACE TILL NAME STREET ADDRESS CTY-ST-ZIP TITLE HAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not clearly 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 securate and that my signature shall have the same legal effect as if made under only; that I am an affect or director of the corporation or the receiver of trusted 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

C TY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-AP