

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 219181

FILED
Apr 28, 2006
Secretary of State

Entity Name: CONCORD HOUSE INC.

Current Principal Place of Business:

101 COLLINS AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O BLUE LEAF LLC
P.O. BOX 190239
MIAMI BEACH, FL 33119 US

New Mailing Address:

FEI Number: 59-2054161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINIQUE, BAILLEUL
601 COLLINS AVENUE
SUITE G
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ENRIQUEZ, ERNESTO
Address: 101 COLLINS AVE #15
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: STEVENS, BRADLEY
Address: 101 COLLINS AVE # 18
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: DAWES, CHRIS
Address: 101 COLLINS AVE # 25
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: DAVID, FOGIELGARN
Address: 101 COLLINS AVE # 12 A
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: HARRINGTON, LYNNE
Address: 101 COLLINS AVE # 6
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: BALLOGH, BALLOGH
Address: 101 COLLINS AVE # 15
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEVENS, BRADLEY
Address: 101 COLLINS AVE # 18
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HARRINGTON, LYNNE
Address: 101 COLLINS AVE # 6
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE HARRINGTON

PD

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date