


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 459148
1. Entity Name
FINANCIAL CONCEPTS, INC.



Principal Place of Business Mailing Address
1318 OAK ST **PO BX 1868**
MELBOURNE, FL 32901 US **MELBOURNE, FL 32902 US**

DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1544828 Not Applicable

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

6. Name and Address of Current Registered Agent
NEWTON, SHEILA D
1318 OAK ST
MELBOURNE, FL 32901

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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: Sheila D. Newton DATE: 01-22-07

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WARREN, DAVID D
STREET ADDRESS	7968 TIMBERLAKE DRIVE
CITY-ST-ZIP	MELBOURNE, FL
TITLE	PCEO
NAME	SHEILA D NEWTON
STREET ADDRESS	2201 REDWOOD AVE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	ST
NAME	WARREN, BONNIE JEAN
STREET ADDRESS	7968 TIMBERLAKE DRIVE
CITY-ST-ZIP	MELBOURNE, FL
TITLE	VP
NAME	BROWN, BETHANY M
STREET ADDRESS	19220 SW 129TH COURT
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80019-018 150.00

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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: Sheila D. Newton Sheila D. Newton 01.22.07 321.951.2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #