

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 459148**

1. Entity Name  
**FINANCIAL CONCEPTS, INC.**



Principal Place of Business  
**1318 OAK ST  
MELBOURNE, FL 32901 US**

Mailing Address  
**PO BX 1868  
MELBOURNE, FL 32902 US**



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1544828</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**NEWTON, SHEILA D  
1318 OAK ST  
MELBOURNE, FL 32901**

**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: Sheila D. Newton  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01.18.08  
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	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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01/29/08-80007-015 150.00

**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:**

Sheila D. Newton

Sheila D. Newton, Pres

01.16.08  
Date

321.951-2323  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #