

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718044

FILED
Jan 27, 2010
Secretary of State

Entity Name: CONCEPT HOUSE INC.

Current Principal Place of Business:

162 N E 49TH ST
MIAMI, FL 331373118

New Principal Place of Business:

162 N E 49TH ST
MIAMI, FL 331373118 US

Current Mailing Address:

P.O. BOX 370689
MIAMI, FL 331373118

New Mailing Address:

FEI Number: 23-7063810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GISSEN, MATTEW
4500 ISLAND ROAD
MIAMI, FL 33137 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

OFFICERS AND DIRECTORS:

Title: CDP
Name: GISSEN, MATTHEW
Address: 4500 ISLAND ROAD
City-St-Zip: MIAMI, FL 33137

Title: D
Name: HOLDER, RITA
Address: 3303 FLAMINGO DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D
Name: ROEDEL, JERRY
Address: 5781 SW 88 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: D
Name: SCHWARTZ, SHELDON
Address: 15555 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33160

Title: ST
Name: GRIZZLE, NANCY D
Address: 725 NE 22ND STREET, UNIT 15B
City-St-Zip: MIAMI, FL 33137

Title: D
Name: SILVERMAN, ADAM
Address: 2800 PONCE DE LEON BLVD., SUITE 1125
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW GISSEN

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01/27/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date