



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000001414 1. Entity Name CONCORD PRODUCTS COMPANY, INC.	
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Principal Place of Business 2091 SPRINGDALE RD # 16 CHERRY HILL, NJ 08003	Mailing Address P.O. BOX 1540 CHERRY HILL, NJ 08034-0071
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 23-1934604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARK V OFFICE FURNITURE
1509 ESCANDON PLACE
THE VILLAGES, FL 32162

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTHONSEN, LARRY L 2091 SPRINGDALE RD, SUITE 16 CHERRY HILL, NJ 08003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAFF, HAROLD A 1800 W. INDIANA AVE. PHILADELPHIA, PA 19132
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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: Tom Shaker - Controller Date: 7-5-06 Daytime Phone #: 856-489-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR