

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004469

FILED
May 02, 2006
Secretary of State

Entity Name: CAPITOL MARKETING CONCEPTS, INC.

Current Principal Place of Business:

696 1ST AVENUE NORTH, SUITE 400
ST PETERSBURG, FL 337013610 US

New Principal Place of Business:

Current Mailing Address:

C/O BRIAN BELL
696 1ST AVENUE NORTH, SUITE 400
ST PETERSBURG, FL 337013610 US

New Mailing Address:

FEI Number: 45-0473951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, BRIAN
696 1ST AVENUE NORTH, SUITE 400
ST PETERSBURG, FL 337013610 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELL, BRIAN
Address: 696 1ST AVENUE NORTH, SUITE 400
City-St-Zip: ST PETERSBURG, FL 337013610

Title: SD () Delete
Name: MCMULLIN, JOHN L
Address: 951 HORNET DRIVE
City-St-Zip: HAZELWOOD, MO 630422309

Title: C () Delete
Name: TOUMAYAN, SAMUEL G
Address: 951 HORNET DRIVE
City-St-Zip: HAZELWOOD, MO 630422309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRIAN BELL

P

05/02/2006

Electronic Signature of Signing Officer or Director

_____ Date