


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # F04000004469 1. Entity Name CAPITOL MARKETING CONCEPTS, INC.	
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Principal Place of Business 696 1ST AVENUE NORTH, SUITE 400 ST PETERSBURG, FL 33701-3610 US	Mailing Address C/O BRIAN BELL 696 1ST AVENUE NORTH, SUITE 400 ST PETERSBURG, FL 33701-3610 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0473951	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

BELL, BRIAN
 696 1ST AVENUE NORTH, SUITE 400
 ST PETERSBURG, FL 33701-3610

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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 After May 1, 2007. Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BELL, BRIAN 696 1ST AVENUE NORTH, SUITE 400 ST PETERSBURG, FL 337013610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCMULLIN, JOHN L 951 HORNET DRIVE HAZELWOOD, MO 630422309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C TOUMAYAN, SAMUEL G 951 HORNET DRIVE HAZELWOOD, MO 630422309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/14/07-80026-023 150.00

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: *Brian Bell* 1/4/07 727 290 2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #