

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004763

Entity Name: TM CONCEPTS INC.

FILED  
Jul 21, 2006  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 340689  
TAMPA, FL 33694

## New Principal Place of Business:

P.O. BOX 340718  
TAMPA, FL 33694

## Current Mailing Address:

P.O. BOX 340689  
TAMPA, FL 33694

## New Mailing Address:

P.O. BOX 340718  
TAMPA, FL 33694

FEI Number: 51-0517205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TONY GAMBLE  
ACCESS GLOBAL SERVICES  
2224 E COLUMBUS DR.  
TAMPA, FL 33605 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: C ( ) Delete  
Name: GAMBLE, DAVID  
Address: P.O. BOX 340689  
City-St-Zip: TAMPA, FL 33694

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: GAMBLE, DAVID  
Address: P.O. BOX 340718  
City-St-Zip: TAMPA, FL 33694

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: DAVID GAMBLE

C

07/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date