


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90017 025 \*\*\*158.75

<b>DOCUMENT # F07000001414</b> 1. Entity Name <b>CONCORD EASTRIDGE, INC.</b>																																																																																																																													
Principal Place of Business <b>4425 N. 24TH ST., SUITE 150 PHOENIX, AZ 85016</b>			Mailing Address <b>4425 N. 24TH ST., SUITE 150 PHOENIX, AZ 85016</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box # <b>5685 N. Scottsdale Rd.</b>		3. Mailing Address <b>5685 N. Scottsdale Rd.</b>																																																																																																																											
Suite, Apt. #, etc. <b># 150</b>		Suite, Apt. #, etc. <b># 150</b>																																																																																																																											
City & State <b>Scottsdale, AZ</b>		City & State <b>SCOTTSDALE, AZ</b>		4. FEI Number <b>20-0705322</b>																																																																																																																									
Zip <b>85250</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																									
Zip <b>85250</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>PINCUS, GEORGE A ESQ. 2255 GLADES RD., 340W BOCA RATON, FL 33431</b>																																																																																																																									
7. Name and Address of New Registered Agent Name <b>MR. CRAIG STARKEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 W. Colonial Drive</b> <b>SUITE #2</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32804</b>		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 <u><i>Craig Starkey</i></u> DATE <u><i>1/17/08</i></u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PD ARNOLD, R. JEFFREY</td> <td></td> <td>STREET ADDRESS</td> <td>ARNOLD, R. JEFFREY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4425 N. 24TH ST., SUITE 150 PHOENIX, AZ 85016</td> <td></td> <td>CITY-ST-ZIP</td> <td>5685 N. SCOTTSDALE RD., #150 SCOTTSDALE, AZ 85250</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>EASTRIDGE, SUSAN H</td> <td></td> <td>NAME</td> <td>EASTRIDGE, SUSAN H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4425 N. 24TH ST., SUITE 150</td> <td></td> <td>STREET ADDRESS</td> <td>5685 N. SCOTTSDALE RD., #150</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PHOENIX, AZ 85016</td> <td></td> <td>CITY-ST-ZIP</td> <td>SCOTTSDALE, AZ 85250</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CEO</td> <td><input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>EASTRIDGE, SUSAN H</td> <td></td> <td>NAME</td> <td>KELLER, LYND A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4425 N. 24TH ST., SUITE 150</td> <td></td> <td>STREET ADDRESS</td> <td>5685 N. SCOTTSDALE RD., #150</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PHOENIX, AZ 85016</td> <td></td> <td>CITY-ST-ZIP</td> <td>SCOTTSDALE, AZ 85250</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	PD ARNOLD, R. JEFFREY		STREET ADDRESS	ARNOLD, R. JEFFREY		CITY-ST-ZIP	4425 N. 24TH ST., SUITE 150 PHOENIX, AZ 85016		CITY-ST-ZIP	5685 N. SCOTTSDALE RD., #150 SCOTTSDALE, AZ 85250		TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	EASTRIDGE, SUSAN H		NAME	EASTRIDGE, SUSAN H		STREET ADDRESS	4425 N. 24TH ST., SUITE 150		STREET ADDRESS	5685 N. SCOTTSDALE RD., #150		CITY-ST-ZIP	PHOENIX, AZ 85016		CITY-ST-ZIP	SCOTTSDALE, AZ 85250		TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	EASTRIDGE, SUSAN H		NAME	KELLER, LYND A.		STREET ADDRESS	4425 N. 24TH ST., SUITE 150		STREET ADDRESS	5685 N. SCOTTSDALE RD., #150		CITY-ST-ZIP	PHOENIX, AZ 85016		CITY-ST-ZIP	SCOTTSDALE, AZ 85250		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u><i>Lynda A. Keller</i></u> <span style="float: right;">Date <u><i>1/15/08</i></u> Daytime Phone # <u><i>602-266-1999</i></u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>LYNDA A. KELLER, SECRETARY</b>																																																																																																																													