2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F07000003237

Entity Name: TECHNOLOGY CONCEPTS & DESIGN, INC.

Current Principal Place of Business:

18851 NE 29 AVE.
SUITE 601
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

4510 WEYBRIDGE LANE
GREENSBORO, NC 27407

New Mailing Address:

FEI Number: 54-1490248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, WILLIAM D
18851 NE 29 AVE.
SUITE 601
AVENTURA, FL 33180 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: JOHNSON, WILLIAM D
Address: 3370 NE 190 ST., UNIT 3500
City-St-Zip: AVENTURA, FL 33180

Title: VCS ( ) Delete
Name: BRIGHT, SUSAN B
Address: 3370 NE 190 ST., UNIT 3500
City-St-Zip: AVENTURA, FL 33180

Title: DVP ( ) Delete
Name: EATHERLY, JERRY W
Address: 9741 OAK TOP CT.
City-St-Zip: FAIRFAX STATION, VA 22039

Title: D ( ) Delete
Name: BLIXT, CHARLES A
Address: 2093 ROSSMORE RD.
City-St-Zip: CLEMMONS, NC 27012

Title: TCFO ( ) Delete
Name: CAIN, LISA K
Address: 130 PONDVIEW LANE
City-St-Zip: ADVANCE, NC 27006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP (X) Change ( ) Addition
Name: JOHNSON, WILLIAM D
Address: 3370 NE 190 ST., UNIT 3500
City-St-Zip: AVENTURA, FL 33180

Title: DVPS (X) Change ( ) Addition
Name: BRIGHT, SUSAN B
Address: 3370 NE 190 ST., UNIT 3500
City-St-Zip: AVENTURA, FL 33180

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 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: LISA K. CAIN TCFO 03/19/2009

Electronic Signature of Signing Officer or Director — Date