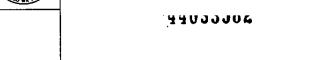
2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # G00341 1. Entity Name APPLIED CONCEPTS INCORPORATED Principal Place of Business Mailing Address **37 SKYLINE DRIVE** 37 SKYLINE DRIVE **SUITE 3113 SUITE 3113**

SIGNATURE



04-21-2004 90103 020 ***150.00



LAKE MARY, FL 32746 LAKE MARY, FL 32746 CR2E034 (10/03) 02242004 No Cho-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2330231 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NICHOLAS, ALEXANDER DO NOT WRITE 219 SHADY OAKS CIR. LAKE MARY, FL 32746 IN THIS SPACE 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 ithe obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NICHOLAS, 'ALEXANDER STREET ADDRESS 219 SHADY OAKS CIR. LAKE MARY, FL 32746 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY,-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report by 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 of these empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if