

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED


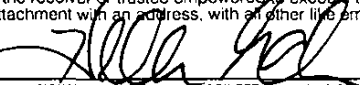
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JD 11-26-07



11072007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # K44120</b>					
1. Entity Name COMMUNITY MANAGEMENT CONCEPTS, INC.					
Principal Place of Business 4175 EAST BAY DRIVE SUITE 205 CLEARWATER, FL 33764 US			Mailing Address 4175 EAST BAY DRIVE SUITE 205 CLEARWATER, FL 33764 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5401 N. Central Expressway			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 300			
City & State		City & State Dallas TX		4. FEI Number 59-2933299	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 75205		Country US			
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 MSOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HILDEBRANDT, HAL R. 4175 E BAY DRIVE STE 205 CLEARWATER, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112472262 11/20/07--01058--001 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HILDEBRANDT, KATHY 4175 E BAY DRIVE STE 205 CLEARWATER, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDEN, HELEN 2208 ROUTE ST DALLAS, TX 75201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Helen Eden 5401 N Central Expressway, Suite 300 Dallas, TX 75205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CARONA, JOHN 2208 ROUTH ST DALLAS, TX 75201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Carona 5401 N Central Expressway, Suite 300 Dallas, TX 75205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert Green 5401 N Central Expressway, Suite 300 Dallas, TX 75205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other line empowered.					
SIGNATURE: 			Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 11/8/07 Daytime Phone # 214-953-3009		