2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 25, 2007 08:00 A Secretary of State DOCUMENT # K46861 1. Entity Name FUTURE CONCEPTS, INC. Principal Place of Business Mailing Address 12486 W. ATLANTIC BLVD 12486 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33071 CR2E034 (11/05) 04212007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0088998 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ERENSTEIN, ELLEN DO NOT WRITE 11822 N W 11TH PLACE CORAL SPRINGS, FL 3307.1 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 the obligations of registered agent, SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. HILE **ERENSTEIN, ELLEN** NAME 11822 NW 11 PLACE STREET ADDRESS U00000730840 CITY-S1-ZIP CORAL SPRINGS, FL 33071 05/08/07-80095-017 150.00 THILE NAME STREET ADDRESS CITY-ST-7IP TETLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP HILE

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.

SIGNATURF:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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