


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90364 033 ***150.00

DOCUMENT # L40003	
1. Entity Name CONCEPT MANIPULATION, INC.	

Principal Place of Business 15201 LOCH ISLE DR WEST MIAMI LAKES, FL 33014	Mailing Address 15201 LOCH ISLE DR WEST MIAMI LAKES, FL 33014
---	---

2. Principal Place of Business 524 WINDSOR ST	3. Mailing Address 524 WINDSOR ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKELAND FL	City & State LAKELAND FL
Zip 33803	Country USA
Zip 33803	Country USA

00043036



04022006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0206120	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent WOLFE, CLIFFORD 15201 LOCH ISLE DRIVE, W MIAMI LAKES, FL 33014	
7. Name and Address of New Registered Agent Name WOLFE, CLIFFORD Street Address (P.O. Box Number is Not Acceptable) 524 WINDSOR ST City LAKELAND FL Zip Code 33803	

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	D WOLFE, CLIFFORD 15201 LOCH ISLE DR W MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	WOLFE, CLIFFORD 524 WINDSOR ST LAKELAND, FL 33803 <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	<input 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	<input 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	<input 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	<input 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	<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 all other like empowered.

SIGNATURE:

Clifford Wolfe

C WOLFE

4-19-2006

SIGNATURE TYPED IN BLOCK 11

DATE