

## **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# M22869

Entity Name: CONCEPT COMMUNIQUE, INC.

**FILED**  
**Nov 10, 2006**  
**Secretary of State**

### **Current Principal Place of Business:**

5200 NORTH FEDERAL HIGHWAY  
SUITE 2  
FT. LAUDERDALE, FL 33308

### **New Principal Place of Business:**

2612 VISTA COVE ROAD  
ST. AUGUSTINE, FL 32084

### **Current Mailing Address:**

5200 NORTH FEDERAL HIGHWAY  
SUITE 2  
FT. LAUDERDALE, FL 33308

### **New Mailing Address:**

PO BOX 3822  
ST. AUGUSTINE, FL 32085

FEI Number: 59-2601809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

FARMER, ROBERT MR  
5200 NORTH FEDERAL HIGHWAY  
SUITE 2  
FT. LAUDERDALE, FL 33308 US

### **Name and Address of New Registered Agent:**

FARMER, ROBERT MR  
2612 VISTA COVE ROAD  
ST. AUGUSTINE, FL 32084 US

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

11/10/2006

\_\_\_\_\_  
Date

### **OFFICERS AND DIRECTORS:**

Title: CTD ( ) Delete  
Name: FARMER, ROBERT MR  
Address: 5200 NORTH FEDERAL HWY 2  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: PSD ( ) Delete  
Name: FARMER, LINDA D MRS  
Address: 5200 NORTH FEDERAL HWY 2  
City-St-Zip: FT. LAUDERDALE, FL 33308

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: FARMER, ROBERT MR  
Address: 2612 VISTA COVE ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VSD (X) Change ( ) Addition  
Name: FARMER, LINDA D MRS  
Address: 2612 VISTA COVE ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT FARMER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MR.

11/10/2006

\_\_\_\_\_  
Date