

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M70543

FILED
Jun 08, 2005
Secretary of State

Entity Name: SWISS CONCEPTS, INC.

Current Principal Place of Business:

8411 LAUREL FAIR CIRCLE
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

8411 LAUREL FAIR CIRCLE
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 59-2896831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS R. GLASGO III
8411 LAUREL FAIR CIRCLE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GLASGO, JOANNE K
Address: 1316 BIG PINE DRIVE
City-St-Zip: BRANDON, FL 33511

Title: V () Delete
Name: GLASGO, WILLIS R. I
Address: 8411 LAUREL FAIR CIRCLE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOANNE K GLASGO

PRES

06/08/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date