

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000031839

Entity Name: TRUE NORTH CONCEPTS, INC.

FILED
Nov 27, 2006
Secretary of State

Current Principal Place of Business:

149 CEDAR DUNES DRIVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 621
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

149 CEDAR DUNES DRIVE
NEW SMYRNA BEACH, FL 32169

FEI Number: 59-3634881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, RAY A
149 CEDAR DUNES DRIVE
NEW SMYRNA BEACH, FL 32169 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: RAY A. ANDREWS

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: DVT () Delete
Name: ANDREWS, RAY A
Address: 149 CEDAR DUNES DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DPS () Delete
Name: GLENCROSS, COLETTE M
Address: 149 CEDAR DUNES DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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 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: COLETTE M. GLENCROSS

DPS

11/27/2006

Electronic Signature of Signing Officer or Director

Date