2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# P00000031839

Entity Name: TRUE NORTH CONCEPTS, INC.

Current Principal Place of Business:

149 CEDAR DUNES DRIVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

204 OAKWOOD AVENUE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

149 CEDAR DUNES DRIVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

204 OAKWOOD AVENUE
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:

ANDREWS, RAY A
204 OAKWOOD AVENUE
NEW SMYRNA BEACH, FL 32169 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: RAY A ANDREWS 04/28/2007
Electronic Signature of Registered Agent Date

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: DVT (X) Change ( ) Addition
Name: ANDREWS, RAY A
Address: 204 OAKWOOD AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DPS (X) Change ( ) Addition
Name: GLENCROSS, COLETTE M
Address: 204 OAKWOOD AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify 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 04/28/2007
Electronic Signature of Signing Officer or Director Date