2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# P01000016438

Entity Name: CONCEPT FORMS, INC.

Current Principal Place of Business:

5450 S. STATE RD7
#34
DAVIE, FL 33314

New Principal Place of Business:

6511 NOVA DR
193
DAVIE, FL 33317

Current Mailing Address:

5450 S. STATE RD7
#34
DAVIE, FL 33314

New Mailing Address:

6511 NOVA DR
193
DAVIE, FL 33317

FEI Number: 65-1077595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINCLAIR, WILLIAM R
5281 SW 35TH CT
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

SINCLAIR, WILLIAM R
6511 NOVA DR
193
DAVIE, FL 33317 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: WILLIAM SINCLAIR 03/29/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SINCLAIR, WILLIAM R
Address: 5281 SW 35TH CT
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SINCLAIR, WILLIAM R
Address: 6511 NOVA DR SUITE 193
City-St-Zip: DAVIE, FL 33317

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: WILLIAM SINCLAIR P 03/29/2006
Electronic Signature of Signing Officer or Director Date