

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024549

FILED
Apr 22, 2010
Secretary of State

Entity Name: OFFICE INNOVATION CONCEPTS, INC.

Current Principal Place of Business:

439 CYPRESS VIEW
LITTLE RIVER, SC 29566

New Principal Place of Business:

907 45TH AVE SOUTH
NORTH MYRTLE BEACH, SC 29582

Current Mailing Address:

730 MAIN STREET
271
N MYRTLE BEACH, SC 29582

New Mailing Address:

907 45TH AVE SOUTH
NORTH MYRTLE BEACH, SC 29582

FEI Number: 65-1085848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: STANLEY, LISA
Address: 439 CYPRESS VIEW AVE
City-St-Zip: LITTLE RIVER, SC 29566

Title: VD
Name: STANLEY, LISA
Address: 439 CYPRESS VIEW AVE
City-St-Zip: LITTLE RIVER, SC 29566

Title: TD
Name: HULEN, JIM
Address: 805 MORRALL DRIVE
City-St-Zip: NORTH MYRTLE BEACH, SC 29582

Title: SD
Name: HULEN, RIMA
Address: 805 MORRALL DRIVE
City-St-Zip: NORTH MYRTLE BEACH, SC 29582

I hereby 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 all other like empowered.

SIGNATURE: LISA HULEN STANLEY

PD

04/22/2010

Electronic Signature of Signing Officer or Director

Date