2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000072914

FILED Jul 11, 2006 8:00 am Secretary of State 07-11-2006 90017 024 ***150.00

1. Entity Nam BACKGR		CREENING CON	CEPTS,	INC.							
Principal Place of Business			Mailin	Mailing Address				30000-	• •		
2625 S W 33RD COURT MIAMI, FL 33133			2625	2625 S W 33RD COURT MIAMI, FL 33133							
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07052006	Chg-P	CR2E03	34 (11/05)			
City & State			City	City & State			4. FEI Numb	-		<u> </u>	plied For at Applicable
Zip				Zip Country				of Status Desired	ا ب	\$8.75 Add Fee Require	litional d
	6. Name	and Address of Curre	nt Registere	ed Agent		Name	7. Name and	Address of New F	Registered A	gent	
ROTELLA, IVONNE 10400 SW 91 AVE					Name Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33176								_ 			
						City		_	FL	Zip Cod	е
	named entitions of regis	ty submits this statement stered agent.	for the purp	oose of changing its	register	ed office or regis	stered agent, or b	oth, in the State of Fi	orida. I am f	amiliar with,	and accept
SIGNATURE.	Signature, types	d or printed name of registered agr	ent and title if ap	plicable, (NOTI	E: Recustere	rd Ament simpaturis rem	uired when reinstating)		DATE		
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10.	LE NOW!! ue by Se	!! FEE IS \$550.00	ND DIRECTO	Election Campai Trust Fund Cont ORS	ign Finar	ncing \$	55.00 May Be Added to Fees	S/CHANGES TO OF	-		
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receives or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-06

305-361-9442

Date

Daytime Phone #