2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084521

FILED May 01, 2004 Secretary of State

Entity Name: CORPORATE CONCIERGE & MARKETING INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	AL RIDGE DR			
‡ 228				
	PRINGS, FL 3			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
5944 COR #228	AL RIDGE DR	IVE		
	PRINGS, FL 3	3076		
El Number	: 02-0558724	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
SHEFFIEL	.D-RIOUX, LOI 120TH DRIVE	RRI		
CORAL SI The above	PRINGS, FL 3 e named entity : e of Florida.		purpose of changing its registered	d office or registered agent, or both,
CORAL SI The above	e named entity : e of Florida.		purpose of changing its registered	d office or registered agent, or both,
CORAL SI The above n the State	e named entity se of Florida.			d office or registered agent, or both, Date
CORAL SI The above n the State SIGNATUI	e named entity : e of Florida. RE: Electror	submits this statement for the p		
CORAL SI The above n the State SIGNATUI Election Cal	e named entity : e of Florida. RE: Electror	submits this statement for the pair of the pair of Registered Agragature of Registered Agragature fund Contribution ().	ent	
CORAL SI The above n the State SIGNATUI Election Cal	e named entity se of Florida. RE: Electror mpaign Financing S AND DIREC	submits this statement for the particle Signature of Registered Aggrust Fund Contribution (). TORS: Delete OUX, LORRI PLACE	ent	Date

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORRI SHEFFIELD-RIOUX DP 05/01/2004