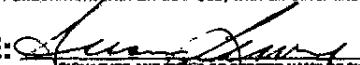


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000026998		
1. Entity Name ANAHAT CONCEPTS, INC.		
Principal Place of Business 1220 SE ELDORADO PKWY CAPE CORAL, FL 33904	Mailing Address 1220 SE ELDORADO PKWY CAPE CORAL, FL 33904	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEROUX, SUSAN 1220 SE ELDORADO PKWY CAPE CORAL, FL 33904		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEROUX, SUSAN 1220 SE ELDORADO PKWY CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEROUX, JUSTIN 7490 BROMPTONRD APT 331 HOUSTON, TX 77025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SUSAN LEROUX		4-15-2005 739-540-7112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-0997239	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

U00000318482
04/20/05-80059-025 150.00

**DO NOT WRITE
IN THIS SPACE**