


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000007970</b>		
1. Entity Name <b>CONCEPTUAL LICENSING, INC.</b>		
Principal Place of Business <b>7919 TALAVERA PLACE DELRAY BCH, FL 33446</b>		Mailing Address <b>7919 TALAVERA PLACE DELRAY BCH, FL 33446</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		04022006 No Chg-P CR2E034 (11/05)
4. FEI Number <b>59-3765737</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>WEINRAUB, PERRY 7919 TALAVERA PLACE DELRAY BCH, FL 33446</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		<b>U000000492717 04/19/06-80075-011 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES WEINRAUB, PERRY 7919 TALAVERA PLACE DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEINRAUB, SUSAN A 7919 TALAVERA PLACE DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 507, 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: <i>Perry Weinraub</i> <b>PERRY WEINRAUB</b>		Date <b>4/2/06</b> Daytime Phone <b>561-499-4821</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>