2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State

DOCUMENT # P03000052146 1. Entity Name CORRUPTED CONCEPTS, INC.									01-18-2005	90044 0:	34 ***15	0.00
Principal Place of Business 1000 AURORA ROAD 1000 AURORA ROAD MELBOURNE, FL 32935 MELBOURNE, FL 32935							-	مصيدر وسمدن	40002	an angawa.	and the same	E secondario de la
Principal Place of Business 3. Mailing Address						Table and ≥	-			74		
Suite, Apt. #, etc.				Suite, Apt. #, etc.	, 	_	01122005	Chg-P		4 (10/03)		
City & State				City & State		1	4. FEI Number 05-0568				plied For t Applicable	
Zip	Country			Zip Cour		ntry			of Status Desired		8.75 Add	itional
	6. Name	and Address of Curr	ent Reg	istered Agent				7. Name and	Address of New R	egistered A	gent	
HALL, SCOTT T						Name -	_		· · · · · · · · · · · · · · · · ·	•		
1000 AURORA ROAD MELBOURNE, FL 32935					Street Address	et Address (P.O. Box Number is Not Acceptable)						
						City	·	,		FL	Zip Code	9 ·
8. The above	named entit	ly submits this statemen	nt for the	purpose of changing it	s register	red office or regist	terec	d agent, or both	n, in the State of Flo		amiliar with,	and accept
the obligat	tions of regis	tered agent.				-		-				
SIGNATURE_	Signature, typed	for printed name of registered a	igent and tit	tle if applicable. (NO	TE: Registeri	ed Agent signature requir	ired wh	nen reinstaling)	· · · · · · · · · · · · · · · · · · ·	DATE	····	<u>*</u>
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After Ma	ay 1, 200	5 Fee will be \$5	50:00÷	Trust Fund Cor	ntribution	Ac	dded	to Fees	- 	-		
10.	0. OFFICERS AND DIRECTORS 11							ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filling 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:												
SIGNAL	VAE.	SIGNATURE AND TYPES	ORBAINT	ED NAME OF SIGNING OFFICE	R OR DIRE	CTOR	-		Date	Ď	viime Phone #	