

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079128

FILED
Feb 06, 2008
Secretary of State

Entity Name: ARTICULAR CONCEPTS I, INC.

Current Principal Place of Business:

1470 NW 122ND AVE
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1470 NW 122ND AVE
PEMBROKE PINES, FL 33026

New Mailing Address:

PO BOX 260907
PEMBROKE PINES, FL 33026

FEI Number: 20-0219379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINDALE, GALLAGHER
1470 NW 122ND AVENUE
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTINDALE, GALLAGHER
Address: 1470 NW 122 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: V (X) Delete
Name: MARTINDALE, PAMELA A
Address: 1470 NW 122 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GALLAGHER MARTINDALE

P

02/06/2008

Electronic Signature of Signing Officer or Director

_____ Date