


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90226 017 ***150.00

DOCUMENT # P03000087981 1. Entity Name DOMINION CONCEPTS INC.																			
Principal Place of Business 534 DATAURA STREET WEST PALM BEACH, FL 33171 US			Mailing Address 534 DATAURA STREET WEST PALM BEACH, FL 33171 US																
2. Principal Place of Business		3. Mailing Address																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																	
City & State		City & State																	
Zip	Country	Zip	Country	4. FEI Number 03222004 Chg-P CR2E034 (10/03)															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable															
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D GLUCKMAN, JOSEPH <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>9 PRESTON AVENUE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>NORTH CHARLESTON, SC 29420</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	D GLUCKMAN, JOSEPH <input type="checkbox"/> Delete	NAME	9 PRESTON AVENUE	STREET ADDRESS	NORTH CHARLESTON, SC 29420	CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> </tr> </table>			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP
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94062325



SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

Date

561-659-9330 xt. 420

Daytime Phone #

Joseph Gluckman