2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P04000053818 03-21-2006 90016 013 ***150.00 1. Entity Name EGR CONCEPTS, INC. Mailing Address Principal Place of Business QUUDAU-2013 LAKE CRESCENT COURT 2013 LAKE CRESCENT COURT WINDEMERE, FL 34786 WINDEMERE, FL 34786 3. Mailing Address 2205 Butler Bay 2. Principal Place of Business NorTh Bay North BuTler 2205 Suite, Apt. #, etc. 03042006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For FL Windermere Windermere 30-0238735 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 2205 Butler Bay North **MUNIZ. JOSE** Street Address (P.O. Box Number is Not Acceptable) 2013 LAKE CRESCENT COURT Windermere, FL 34786 WINDEMERE, FL 34786 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 2205 BuTler Bay NorTh & Change D ☐ Addition TITI F ☐ Delete TITLE MUNIZ, JOSE NETO NAME NAME 34786 Windermere, FL STREET ADDRESS STREET ADDRESS 2013 LAKE CRESCENT CT CITY-ST-ZIP CITY-ST-7IP WINDERMERE, FL 34786 ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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 of rustee 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.

FILED

Mar 21, 2006 8:00 am