FILED May 01, 2007 8:00 am Secretary of State 05-01-2007 90011 020 ***150.00

2007 FOR PROFIT CORPORATION

05-01-2007 90011 020 ***

ANNUAL REPORT

DOCUMENT # P0400065664 1. Entity Name SHOPPING CENTER CONCEPTS, INC.					
Principal Plac 300 5TH AV # 101-302 NAPLES, FL		Mailing Address 300 5TH AVE SO # 101-302 NAPLES, FL 34102 US		40094557	IN 18119 SANTI ODIN GAKO ODIN CHADRU IK IBUK
	OO NOT WRITE	IN THIS SPA	GE	02162007 No Chg-P 4. FEI Number 54-2149824	CR2E034 (11/05) Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R T, FRITSCH AVE S #\$01-302 FL 34102	agistered Agent		DO NOT W IN THIS SE	PACE
8. The above the obligat	e named entity submits this dratement for titions of registered agent	he purpose of changing its register	ed office or register	ed agent, or both, in the State of Fl	orida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstasting) Date					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND D	RECTORS	ggo g eya.		
title Name	PD FRITSCH, MIKE HELMUT				
STREET ADDRESS CITY-ST-ZIP	300 5TH AVE S, # 101-302 NAPLES, FL 34102				
ППЕ	D				
NAME STREET ADDRESS	FRITSCH, KIRSTEN 300 5TH AVE S, # 101-302		in the state of th		
CITY-ST-ZIP	NAPLES, FL 34102				
title Name				gan Tenna a ann a Marie a	
STREET ADDRESS CITY-ST-ZIP			73,4	DO NOT W	RITE
TITLE			The second second	IN THIS SP	
NAME Street Adoress				IN THIS OF	TYE IN THE STATE OF THE STATE O
CITY-ST-ZIP					
title Name					
STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME Street address	-				
CITY-ST-ZIP		·			
12. I hereby certify that the information supplied with this filling 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 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 officer like empowered.					
of the cor	i on this report or supplemental report is tr rporation or the receiver or trustee empow	ue and accurate and that my signal ered to execute this report as requi	ture shall have the s red by Chapter 607	same legal effect as if made under , Florida Statutes; and that my nam	oath; that I am an officer or director e appears in Block 10 or Block 11 if
of the cor changed,	ion this report or supplemental report is triporation or the receiver or trustee empow, or on an attachment with an address, wit	ue and accurate and that my signal ered to execute this report as requi	ture shall have the s red by Chapter 607	eame legal effect as if made under , Florida Statutes; and that my nam	oath; that I am an officer or director e appears in Block 10 or Block 11 if