


2008 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000110542 1. Entity Name CONCEPTS UNLIMITED, INC	
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Principal Place of Business 600 WEST PROSPECT RD STE 2H FORT LAUDERDALE, FL 33309	Mailing Address 1811 SE 6TH STREET POMPANO BEACH, FL 33060
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DO NOT WRITE IN THIS SPACE

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1418863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RICHARD, CLAUDE J 1811 SE 6TH STREET POMPANO BEACH, FL 33060

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD, CLAUDE J 1811 SE 6TH STREET POMPANO BEACH, FL 33060
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07/22/08-80009-019 150.00

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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 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: Richard Claude J 7/17/08 954.648.4368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #