

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122139

Entity Name: EVENT CONCIERGE, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

20212 NE 15TH COURT
BAY 7
N. MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 138535
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 20-8728334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 3341 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: ANDERSON, DIONNE M P
Address: 20212 NE 15TH COURT
City-St-Zip: N. MIAMI, FL 33179

Title: VP () Delete
Name: AUGUSTIN, JEAN H VP
Address: 20212 NE 15TH COURT
City-St-Zip: N. MIAMI, FL 33179

Title: S () Delete
Name: ANDERSON, SHARON M S
Address: 2851 E 8TH AVE
City-St-Zip: HIALEAH, FL 33013

Title: T () Delete
Name: ANDERSON & OZCAN, LL, C
Address: 169 EAST FLAGLER STREET SUITE 1232
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DIONNE M ANDERSON

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date