2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170091

City-St-Zip:

JACKSONVILLE, FL 32246

FILED Apr 11, 2006 Secretary of State

Entity Name: KONCEPT KREATIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2804 LEON ROAD JACKSONVILLE, FL 32246 **Current Mailing Address: New Mailing Address:** 2804 LEON ROAD JACKSONVILLE, FL 32246 FEI Number: 30-0288327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRANFORD, PAMELA CRANFORD, KENNETH M 2804 LEON ROAD 2804 LEON ROAD JACKSONVILLE, FL 32246 US JACKSONVILLE, FL 32246 US 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: KENNETH M CRANFORD 04/11/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P/D () Delete Title: () Change () Addition CRANFORD, BRENT Name: Name: 2804 LEON ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: VP/D Title: () Delete () Change () Addition Name: CRANFORD, MARK Name: 2804 LEON ROAD Address: Address: JACKSONVILLE, FL 32246 City-St-Zip: City-St-Zip: Title: Title: T/D () Delete () Change () Addition CRANFORD, PAMELA Name: Name: 2804 LEON ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: () Change () Addition CRANFORD, ALISHA Name: Name: Address: 2804 LEON ROAD Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: KENNETH M CRANFORD VP/D 04/11/2006