

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90196 047 ***158.75

DOCUMENT # P05000053985 1. Entity Name CONCEPT PRODUCTS & SERVICES, INC.					
Principal Place of Business 289 LORAIN DR APT 148 ALTAMONTE SPRINGS, FL 32714			Mailing Address 289 LORAIN DR APT 148 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 289 LORAIN DRV Suite, Apt. #, etc. APT 212 City & State ALTAMONTE SPGS FLORIDA		3. Mailing Address 289 LORAIN DRV Suite, Apt. #, etc. APT 212 City & State ALTAMONTE SPGS FLORIDA			
Zip 32714 Country USA		Zip 32714 Country USA		4. FEI Number 75-3188462 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04202006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent FERNANDES, REIS 289 LORAIN DR APT 148 ALTAMONTE SPRINGS, FL 32714					
7. Name and Address of New Registered Agent Name FERNANDES REIS Street Address (P.O. Box Number is Not Acceptable) 289 LORAIN DRV APT 212 ALTAMONTE SPGS City FL Zip Code 32714				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 <i>Sunitachheda</i> DATE 04/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS NAME CHHEDA, NIMESH STREET ADDRESS 37 HILL RD MAHAVIR BHUVAN BANDRA WEST CITY-ST-ZIP MUMBAI 40050,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME CHHEDA, SUNITA STREET ADDRESS 289 LORAIN DR APT 148 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete		TITLE VT NAME CHHEDA SUNITA STREET ADDRESS 289 LORAIN DRV APT 212 CITY-ST-ZIP ALTAMONTE SPGS FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Sunitachheda</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 04/20/06. 73214600788 <small>Daytime Phone #</small>		