2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State
06-21-2006 90002 042 ***158.75

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1. Entity Name
CONCEPT CELLULAR INC

Principal Place of Business	Mailing Address
12200 - MENTA ST. # 109 ORLANDO, FLORIDA 32837	17525 FIRST STREE E. REDINGTON SHORES, FL 33708

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
12200 - MENTA ST.	17525 - 1st ST. E.
Suite, Apt. #, etc. # 109	Suite, Apt. #, etc.
City & State ORLANDO FLORIDA	City & State REDINGTON SHRS. FL.
Zip 32837 Country U.S.A.	Zip 33708 Country USA

4. FEI Number 20-3559007 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, JANA S
17525 1ST ST. E
REDINGTON SHORES, FL 33708

7. Name and Address of New Registered Agent
Name JANA S. SMITH
Street Address (P.O. Box Number is Not Acceptable)
17525 - 1st ST. E.
City REDINGTON SHRS. FL. FL Zip Code 33708

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: Jana S. Smith   4-30-06
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, JANA S 17525 1ST ST E REDINGTON SHORES, FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Jana S. Smith   4-30-06 (727) 398-2830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #