


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90186 034 ***158.75

DOCUMENT # P05000154774

1. Entity Name
TREE CONCEPTS INC.



Principal Place of Business
P.O. BOX 151837
CAPE CORAL, FL 33915

Mailing Address
P.O. BOX 151837
CAPE CORAL, FL 33915

2. Principal Place of Business - No P.O. Box #
1241 SW 18th CT.


Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Cape Coral, FL

Zip
33991

Country
USA



01042007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3794147

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REISLER, KEVIN
405 SW 43RD LANE
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name **Kevin Reisler**

Street Address (P.O. Box Number is Not Acceptable)
1241 SW 18th CT

City **Cape Coral** FL Zip Code **33991**

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 *[Signature]* DATE **2/6/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P, T	<input type="checkbox"/> Delete
NAME	REISLER, KEVIN	
STREET ADDRESS	P.O. BOX 151837	
CITY-ST-ZIP	CAPE CORAL, FL 33915	
TITLE	VP,S	<input checked="" type="checkbox"/> Delete
NAME	COOK, DAWN	
STREET ADDRESS	P.O. BOX 151837	
CITY-ST-ZIP	CAPE CORAL, FL 33915	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* DATE **2/6/07**