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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40127414

07252007 Chg-P CR2E034 (12/06)

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000013070

1. Entity Name
THINK TANK CONCEPTS, INC

Principal Place of Business	Mailing Address
6475 ENCLAVE WAY BOCA RATON, FL 33496	6475 ENCLAVE WAY BOCA RATON, FL 33496

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	4491 Woodfield Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Boca Raton, FL
Zip / Country	Zip: 33434 / Country

4. FEI Number: 20-4133270 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARBONE, VINCENT 6475 ENCLAVE WAY BOCA RATON, FL 33496	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Vincent Carbone 7/23/07
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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARBONE, VINCENT 6475 ENCLAVE WAY BOCA RATON, FL 33496 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4491 Woodfield Blvd Boca Raton, Fla 33434
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Vincent Carbone 7/23/07 561 995-1566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/5 aw