

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093134

Entity Name: VELVET EAR CONCEPTS, INC.

FILED  
Apr 15, 2007  
Secretary of State

## Current Principal Place of Business:

2700 E. GRAND RESERVE CIRCLE #1011  
CLEARWATER, FL 33759

## New Principal Place of Business:

1550 N MCMULLEN BOOTH ROAD  
F3-176  
CLEARWATER, FL 33759

## Current Mailing Address:

2700 E. GRAND RESERVE CIRCLE #1011  
CLEARWATER, FL 33759

## New Mailing Address:

1550 N MCMULLEN BOOTH ROAD  
F3-176  
CLEARWATER, FL 33759

FEI Number: 02-0779798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCKENNEY, LEA  
2700 E. GRAND RESERVE CIRCLE #1011  
CLEARWATER, FL 33759 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCKENNEY, LEA  
Address: 2700 E. GRAND RESERVE CIRCLE #1011  
City-St-Zip: CLEARWATER, FL 33759

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LEA MCKENNEY

P

04/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date