2007 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90189 016 ***150.00

1. Entity Name CONCENTRIC PRODUCTIONS, INC.					***************************************		70107	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50.00
Principal Place of Business 5843 COMMERCE STREET JACKSONVILLE, FL 32211		Mailing Address 5843 COMMERCE STREET JACKSONVILLE, FL 32211		1 + 8 8 11 9 81 111 8	: NIJA BILIJI COLII ABILI BOLI		IN AIRNA AIICE NIA		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State		4. FEI Number			⊢	plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	Address of New R	egistered A	gent	
	RRY J MERCE STREET VIŁLE, FL 32211				P.O. Box Number	r is Not Acceptable		<u>_</u>	
				City			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or register	red agent, or both	, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE_	Signature, lyped or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campa Trust Fund Cont	-		.00 May Be led to Fees		·		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, SHERRY J 5843 COMMERCE STREET JACKSONVILLE, FL 32211	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		!				☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					·	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ 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.

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Sherry J. Hill Sherry J. Hill SIGNATURE AND TYPE OF PRINTED NAME OF STONING OFFICER OR DIRECTOR

4-d6-07