

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000002129

Entity Name: THIRD BASE CONCIERGE, INC.

FILED
Jun 24, 2009
Secretary of State

Current Principal Place of Business:

190 112TH AVE. N.
SUITE 702
ST. PETERSBURG, FL 33716

New Principal Place of Business:

576 SHOREHAM CT NE
ST. PETERSBURG, FL 33716

Current Mailing Address:

P.O. BOX 56442
ST. PETERSBURG, FL 33732

New Mailing Address:

FEI Number: 26-1734998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENICA, STEPHANIE
190 112TH AVE. N.
SUITE 702
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

RENICA, STEPHANIE
576 SHOREHAM CT. NE
ST. PETERSBURG, FL 33716 US

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:

06/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOUSOURES, JOYCE M
Address: P.O. BOX 8807
City-St-Zip: BREA, CA 92822

Title: VP () Delete
Name: RENICA, STEPHANIE
Address: 190 112TH AVE. N. SUITE 702
City-St-Zip: ST. PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RENICA, STEPHANIE A
Address: 576 SHOREHAM CT. NE
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VP (X) Change () Addition
Name: MADDON, JOYCE M
Address: P.O. BOX 8807
City-St-Zip: BREA, CA 92822

I hereby certify that the information supplied with this filing does not qualify 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: JOYCE M MADDON

VP

06/24/2009

Electronic Signature of Signing Officer or Director

Date