2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: OFFICE CONCEPTS INC.

Current Principal Place of Business:

47 SHERON STREET
LAKE ORION, MI 48362 US

New Principal Place of Business:

2086 SW MAIN BLVD
SUITE 1010
LAKE CITY, FL 32025 US

Current Mailing Address:

47 SHERON STREET
LAKE ORION, MI 48362 US

New Mailing Address:

1006 GAMMON COURT
JACKSONVILLE, FL 32259 US

FEI Number: 30-0611872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TYGIELSKI, DAVID A
110 NORTH BUMBY AVENUE
ORLANDO, FL 32803 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

OFFICERS AND DIRECTORS:

Title: D
Name: TYGIELSKI, DAVID A
Address: 1006 GAMMON COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: D
Name: TYGIELSKI, SANDRA L
Address: 1006 GAMMON COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: P
Name: TYGIELSKI, DAVID A
Address: 1006 GAMMON COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: S
Name: TYGIELSKI, SANDRA L
Address: 1006 GAMMON COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: T
Name: TYGIELSKI, DAVID A
Address: 1006 GAMMON COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID TYGIELSKI P 03/14/2011

Electronic Signature of Signing Officer or Director Date