

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062120

FILED
Apr 18, 2006
Secretary of State

Entity Name: COGNITIVE CONCEPTS, INC.

Current Principal Place of Business:

318 HALF DAY ROAD
SUITE 334
BUFFALO GROVE, IL 60089 US

New Principal Place of Business:

Current Mailing Address:

318 HALF DAY ROAD
SUITE 334
BUFFALO GROVE, IL 60089 US

New Mailing Address:

FEI Number: 65-0435564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPA, JOSEPH
SUITE 107
1300 N FEDERAL HIGHWAY
BOCA RATON, FL 33432 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: PTS () Delete
Name: BARNHILL, ROBERT
Address: 318 HALF DAY ROAD, #334
City-St-Zip: BUFFALO GROVE, IL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: BARNHILL, ROBERT
Address: 318 HALF DAY ROAD, #334
City-St-Zip: BUFFALO GROVE, IL 60089

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: ROBERT BARNHILL

PTSD

04/18/2006

Electronic Signature of Signing Officer or Director

Date