2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000089172

1. Entity Name

CONCEPT 2 MARKET, INC.



Principal Place of Business

Mailing Address

3000-11 N.W. 25TH AVE

SIXTH FLOOR POMPANO BEACH, FL 33069 US 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414 US FILED Feb 13, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01302007 No Chg-P CR2E034 (11/05)

| 4. FEI Number | Applied For | _ |
|----------------------------------|-----------------------------------|----|
| 65-0543557 | Not Applicab | le |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required | _ |

Daylime Phone #

6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A. 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pulions of registered agent. | rpose of changing its register | ed office or r | egistered agent, or bo | oth, in the State of Florida I am familiar with, and accept |
|--|---|--|--------------------|--------------------------------|--|
| SIGNATURE | Signature, typed or printed name of registered agent and title if a | npplicable (NOTE Registers | ed Agent signature | e required when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Final Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIRECT | ORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KIRKEENG, TODD 3000-11 NW 25 AVE POMPANO BEACH, FL 33069 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AMALFITANO, MICHAEL L. 12765 FOREST HILL BLVD STE 1302 WEST PALM BEACH, FL 33414 | | | | 000000634461 02/22/07-80010-026 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MESSINA, JOSEPH 12765 FOREST HILL BLVD STE 1302 WEST PALM BEACH, FL 33414 | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MESSINA, JOSEPH 12765 FOREST HILL BLD STE 1302 WEST PALM BEACH, FL 33414 | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | ,,,,, | | | | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| indicated of the cor | on this report or supplemental report is true an | d accurate and that my signa o execute this report as requi | turé shall hav | ve the same legal effe | 9. Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if |

Joseph Messina, Pres.