2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90278 027 ***150.00

DOCUMENT # P96000089867

1. Entity Name
CONCEPTS EAST INC.

Principal Place of Business	Mailing Address
1893 SPUR LANE PALM HARBOR, FL 34685	1893 SPUR LANE PALM HARBOR, FL 34685

03232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
551 FRONT RIDGE DR	551 FRONT RIDGE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MORRISVILLE NC	City & State: MORRISVILLE NC
Zip: 27560 Country:	Zip: 27560 Country:

4. FEI Number: 59-3409953 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WAGER, NANCY M
1893 SPUR LANE
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent

Name: MICHAEL S. VINCENT
Street Address (P.O. Box Number is Not Acceptable): 2106 DREW ST- STE 102
City: CLEARWATER FL Zip Code: 33765

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael S Vincent MICHAEL S. VINCENT 3/23/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	WAGNER, NANCY M		NAME		
STREET ADDRESS	1893 SPUR LANE		STREET ADDRESS	551 FRONT RIDGE DR	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP	MORRISVILLE NC 27560	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LUTZ, TAMMY		NAME		
STREET ADDRESS	1313 SILVER WIND AVE		STREET ADDRESS		
CITY-ST-ZIP	HENDERSON, NV 89012		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: Nancy M Wager NANCY M. WAGER 919-468-2484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #