2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with

SIGNATURE:

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P97000073252 1. Entity Name 04-29-2005 90231 012 ***158.75 RETAIL CONCEPTS, INC. Principal Place of Business Mailing Address 75 NE 6TH AVENUE SUITE 214 DELRAY BEACH FL 33483 75 NE 6TH AVENUE SUITE 214 **DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address Ste 200 1120 S. Federal Hwy 170 S. Federal Huy Suck 200 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0776568 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZENGAGE, JAMES 75 NE 6TH AVENUE SUITE 214 **DELRAY BEACH FL 33483** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPVS** TIDE ☐ Delete IIIIF ☐ Addition ZENGAGE, JIM NAME NAME 1170 S. Federal Huy #200 Delray Beach FL 33483 A Change 75 NE 6TH AVENUE SUITE 214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL-39442 CITY-ST-7IP TITLE ☐ Delete HHE FISHER, MARY E NAME 1120 S Federal Hwy #200 75 NE 6TH AVENUE SUITE-214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33483 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete THEF ☐ 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 exemption stated in Section 119.07(3)(i), 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

G OFFICER OR DIRECTOR

FILED