## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000016142

4875 JACARANDA HGTS DR

VENICE, FL 34293

Address: City-St-Zip:

FILED Apr 21, 2006 Secretary of State

Entity Name: NEW CONCEPTS STORAGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 11155 TAMIAMI TRAIL SO. 573 PAUL MORRIS DRIVE NORTH PORT, FL 34287 ENGLEWOOD, FL 34233 **Current Mailing Address: New Mailing Address:** P.O. BOX 7516 573 PAUL MORRIS DRIVE NORTH PORT, FL 34287 ENGLEWOOD, FL 34233 FEI Number: 65-0897189 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOMOLA, ROBERT S 284 SANTA MARIA PLACE VENICE, FL 34285 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition PIPER, ROBERT G PIPER, ROBERT G Name: Name: 533 CHEVAL DR. 5501 DUNROBIN APT 3408 Address: Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: SARASOTA, FL 34238 Title: PDT Title: () Delete () Change () Addition Name: GOMOLA, ROBERT S Name: 284 SANTA MARIA PLACE Address: Address: VENICE, FL 34285 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition ELLICOTT, RONALD Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT S GOMOLA PDT 04/21/2006