2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# S14084

Entity Name: MARKETING CONCEPTS, INCORPORATED

Current Principal Place of Business:

1804 NORTH DIXIE HIGHWAY
SUITE B
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

1804 NORTH DIXIE HIGHWAY
SUITE B
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-0232053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGOL, MARTIN H.
139 EGRET DRIVE
JUPITER, FL 33458 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ROGOL, MARTIN,
Address: 139 EGRET DRIVE
City-St-Zip: JUPITER, FL 33458

Title: DCT ( ) Delete
Name: CLARKE, KAREN,
Address: 139 EGRET DRIVE
City-St-Zip: JUPITER, FL 33458

Title: DVP ( ) Delete
Name: CLARKE, JENNIFER R
Address: 7103 ANDALUSIA AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

Title: DS ( ) Delete
Name: CLARKE, CHAD R
Address: 7103 ANDALUSIA AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MRS. ( ) Change (X) Addition
Name: ELLIS, ELIZABETH
Address: 604 ARDLIEGH DRIVE
City-St-Zip: AKRON, OH 44303 US

I hereby certify that the information supplied with this filing does not qualify 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: KAREN CLARKE DCT 05/08/2007
Electronic Signature of Signing Officer or Director Date