
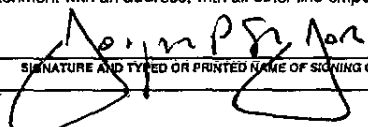


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S62984</b> 1. Entity Name CONCEPTS AND SOFTWARE SOLUTIONS, INC.			
Principal Place of Business 1125 US 98 SOUTH STE 200 LAKELAND, FL 33801		Mailing Address 1125 US 98 SOUTH STE 200 LAKELAND, FL 33801	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01052005 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0270185		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ST JOHN, JOSEPH P 1125 US HWY 98 SOUTH SUITE 200 LAKELAND, FL 33801		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	PTD		
NAME	WOODROW, KRAIG		
STREET ADDRESS	935 HAMILTON PLACE LANE		
CITY-ST-ZIP	LAKELAND, FL 33813		
TITLE	VP		
NAME	ST JOHN, JOSEPH		
STREET ADDRESS	1125 US HWY 98 SOUTH SUITE 200		
CITY-ST-ZIP	LAKELAND, FL 33801		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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)(f), 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: 		1/19/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	