

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S78469

FILED
Apr 26, 2006
Secretary of State

Entity Name: CONCEPTUAL ARTS, INC.

Current Principal Place of Business:

3909 NEWBERRY ROAD
SUITE A
GAINESVILLE, FL 326072367 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14608
GAINESVILLE, FL 326044608 US

New Mailing Address:

FEI Number: 59-3084185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, JEFFREY S.
1513 S.E. 180 PLACE
MICANOPY, FL 32667 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, PIERCE H.,
Address: 10011 NW 215 LANE RD
City-St-Zip: MICANOPY, FL 326677308

Title: V () Delete
Name: BECK, HOWARD W.,
Address: 811 SW 171 PL
City-St-Zip: MICANOPY, FL 32667

Title: VTS () Delete
Name: NELSON, JEFFREY S.,
Address: 1513 S.E. 180 PLACE
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NELSON, JEFFREY S MR.
Address: 1513 S.E. 180 PLACE
City-St-Zip: MICANOPY, FL 32667

Title: VS (X) Change () Addition
Name: EVANS, RYAN P MR.
Address: 14533 N.W. 22ND PL
City-St-Zip: NEWBERRY, FL 32669

Title: VT (X) Change () Addition
Name: KNACK, LOREN C MR.
Address: 8917 N.W. 12TH LN
City-St-Zip: GAINESVILLE, FL 32606

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.

SIGNATURE: JEFFREY S. NELSON

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date