


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90078 036 ***150.00

DOCUMENT # S97969	
1. Entity Name RADICAL CONCEPTS, INC.	

Principal Place of Business 5322 RIDGEWAY DRIVE ORLANDO, FL 32819 US	Mailing Address 5322 RIDGEWAY DRIVE ORLANDO, FL 32819 US
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2. Principal Place of Business 6520 METRO WEST BLVD Suite, Apt. #, etc. #716 City & State ORLANDO, FL Zip 32835 Country USA	3. Mailing Address 6520 METRO WEST BLVD Suite, Apt. #, etc. #716 City & State ORLANDO, FL Zip 32835 Country USA
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01172006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3096073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONRAD, MICHAEL G 5322 RIDGEWAY DRIVE ORLANDO, FL 32819	
7. Name and Address of New Registered Agent Name CONRAD, MICHAEL G. Street Address (P.O. Box Number is Not Acceptable) 6520 METRO WEST BLVD #716 City ORLANDO FL Zip Code 32835	

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.

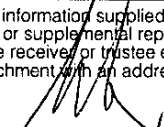
SIGNATURE  **MICHAEL G. CONRAD** DATE **3/9/06**

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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CONRAD, MICHAEL G 5322 RIDGEWAY DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CONRAD, MICHAEL G. 6520 METRO WEST BLVD #716 ORLANDO, FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **MICHAEL G. CONRAD** DATE **3/9/06** DAYTIME PHONE # **407-294-9179**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR