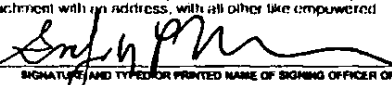


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

4/10

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-16-2007 90077 021 ****61.25

DOCUMENT # N06000009307 1. Entity Name FLORIDA CHAPTER OF THE ICA & CA INC.																																						
Principal Place of Business 950 CELEBRATION BOULEVARD SUITE G CELEBRATION, FL 34747			Mailing Address 950 CELEBRATION BOULEVARD SUITE G CELEBRATION, FL 34747																																			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																				
City & State Zip Country		City & State Zip Country		4. FFI Number 20-5534735 Applied For Not Applicable																																		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																						
6. Name and Address of Current Registered Agent MOUEN, GEOFFREY P 950 CELEBRATION BOULEVARD SUITE G CELEBRATION, FL 34747				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																		
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 _____ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE																																						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%;"> Geoffrey P. Mouen President 950 Celebration Blvd, Ste G, Celb ☐ Delete </td> <td style="width: 20%; font-size: 0.8em;">☐ Change ☐ Addition</td> </tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td><td style="font-size: 0.8em;">☐ Change ☐ Addition</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td><td style="font-size: 0.8em;">☐ Change ☐ Addition</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td><td style="font-size: 0.8em;">☐ Change ☐ Addition</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td><td style="font-size: 0.8em;">☐ Change ☐ Addition</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td><td style="font-size: 0.8em;">☐ Change ☐ Addition</td></tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 15%; font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td><td style="font-size: 0.8em;">☐ Change ☐ Addition</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td><td style="font-size: 0.8em;">☐ Change ☐ Addition</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td><td style="font-size: 0.8em;">☐ Change ☐ Addition</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td><td style="font-size: 0.8em;">☐ Change ☐ Addition</td></tr> <tr><td style="font-size: 0.8em;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="height: 40px;"></td><td style="font-size: 0.8em;">☐ Change ☐ Addition</td></tr> </table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	Geoffrey P. Mouen President 950 Celebration Blvd, Ste G, Celb ☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 617, 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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																						