

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075446

Entity Name: ICOM SOFTWARE, INC.

FILED  
Apr 02, 2009  
Secretary of State

## Current Principal Place of Business:

2203 LOIS AVE  
958  
TAMPA, FL 33607 US

## New Principal Place of Business:

9732 SW EASTBROOK CIRCLE  
PORT SAINT LUCIE, FL 34987 US

## Current Mailing Address:

PO BOX 2166  
WEST PALM BEACH, FL 33402 US

## New Mailing Address:

FEI Number: 23-2725296      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOULET, STEVEN N  
2203 LOIS AVE  
958  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

GOULET, STEVEN N  
9732 SW EASTBROOK CIRCLE  
PORT SAINT LUCIE, FL 34987 US

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: \_\_\_\_\_

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVTS ( ) Delete  
Name: GOULET, STEVEN N  
Address: 2203 LOIS AVE STE 958  
City-St-Zip: TAMPA, FL 33607

Title: DCM ( ) Delete  
Name: GOULET, STEVEN  
Address: 2203 LOIS AVE STE 958  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change ( ) Addition  
Name: GOULET, STEVEN N  
Address: 9732 SW EASTBROOK CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: DCM (X) Change ( ) Addition  
Name: GOULET, STEVEN  
Address: 9732 SW EASTBROOK CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: STEVEN GOULET

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date