## 2007 FOR PROFIT CORPORATION

## **FILED** Apr 06, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # 526885** 1. Entity Name ICK-ACK, INC. Principal Place of Business Mailing Address 112 CLAREMONT LANE APT #2 112 CLAREMONT LANE APT #2 PALM BCH SHRS, FL 33404 PALM BCH SHRS, FL 33404 04042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1843095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLACK, GEORGE A. PR DO NOT WRITE 112 CLAREMONT LANE NO 2 PALM BCH SHORES, FL 33404 IN THIS SPACE 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. DATE 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, 2007 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE BLACK, GEORGE A NAME STREET ADDRESS 112 CLAREMONT LANE # 2 CITY-ST-ZIP PALM BEACH GARDENS, FL 33404 U00000692736 04/16/07-80012-001 150.do TITLE BLACK, HANNAH MALIF STREET ADDRESS 112 CLAREMONT LANE # 2 CITY-ST-ZIP PALM BEACH GARDENS, FL 33404 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 attachpost with an address, with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

561-842-0161 SIGNATURE: Devime Phone #