If the check submitted with this report is returned by a bank for any reason, the report will be considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

2007 FOR PROFIT CORPORATION ANNUAL REPORT

No Chg-P CR2E034 (11/05)

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 560693

1. Entity Name
I. C. R. HOLDINGS, INC.

Principal Place of Business	Mailing Address
% JOHN E. AURELIUS 4367 NORTH FEDERAL HWY FORT LAUDERDALE, FL 33308	331 BENJAMIN HUDON ST.LAURENT, (MONTREAL), QC H4N1J-1 CA

03132007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1970433
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AURELIUS, JOHN E
4367 NORTH FEDERAL HWY
FORT LAUDERDALE, FL 33308

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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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VST
NAME	MCGREGOR, ROBERT
STREET ADDRESS	4450 PROMENADE PATON APT #901
CITY-ST-ZIP	LAVAL,, QC H7W 5J7
TITLE	D
NAME	MCGREGOR, ROBERT
STREET ADDRESS	4450 PROMENADE PATON, APT #901
CITY-ST-ZIP	LAVAL,, QC H7W 5J7
TITLE	P
NAME	MCGREGOR, LOUISE
STREET ADDRESS	4450 PROMRNADE PATON, APT #901
CITY-ST-ZIP	LAVAL,, QC H7W 5J7
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/07-80047-005 158.75

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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 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: _____ 2007/03/20 514-332 4766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #