2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2007
Secretary of State

DOCUMENT# 633319

Entity Name: INTERCONTINENTAL DISCOVERIES, INC.

Current Principal Place of Business:

1107 SWANN AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1107 SWANN AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-1931677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HURLEY, CLARAJO GRUEND
5001 PILGRIMS PATHWAY #E
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HURLEY, CLARAJO GRUEND
Address: 5001 PILGRIMS PATHWAY #E
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete
Name: CONNIES, WALTER
Address: 4939 NEW PROVIDENCE AVE.
City-St-Zip: TAMPA, FL

Title: VMD ( ) Delete
Name: GRUENDEL, GREGORY,
Address: 2413 BAYSHORE BLVD #1701
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete
Name: GRUENDEL, MICHAEL,
Address: 10103 HAMPTON PLACE
City-St-Zip: TAMPA, FL 33618

Title: STD ( ) Delete
Name: ARTZIBUSHER, CONSTANTIN
Address: 16559 HUTCHINSON ROAD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: TARRA, MITCHELL
Address: 4939 NEW PROVIDENCE AVE.
City-St-Zip: TAMPA, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: ARTZIBUSHEV, CONSTANTIN
Address: 16559 HUTCHINSON ROAD
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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: CLARAJO GRUENDEL HURLEY PD 01/07/2007

Electronic Signature of Signing Officer or Director — Date