2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 22, 2007 08:00 AM **Secretary of State**

	OCUMENT	# 670453
4	Entity Name	

ICARUS, INC.



Principal Place of Business

8191 N TAMIAMI TRAIL

SUITE 100

SARASOTA, FL 34243 US

Mailing Address

8191 N TAMIAMI TRAIL

SUITE 100

SARASOTA, FL 34243



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2199256

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIARAVELLA, RONALD D. 8191 N TAMIAMI TR SARASOTA, FL 34243

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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 Fiorida. Lam familiar with, and accept the obligations of registered agent.

10.

SIGNATURE Sonature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent aignature required when reinstating)

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

BHF NAME CIARAVELLA, RONALD D 8191 N TAMIAMI TR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL TITLE

OFFICERS AND DIRECTORS

0000000597310

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F STREET ADDRESS C/TY-ST-ZIP TITLE STREET ADDRESS

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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, v with all other like empowered.

SIGNATURE:

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