2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT ' Feb 07, 2008 08:00 AN **DOCUMENT #670453 Secretary of State** 1. Entity Name ICARUS, INC. Principal Place of Business Mailing Address 8191 N TAMIAMI TRAIL 8191 N TAMIAMI TRAIL SUITE 100 SUITE 100 SARASOTA, FL 34243 US SARASOTA, FL 34243 US 01032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2199256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIARAVELLA, RONALD D. DO NOT WRITE 8191 N TAMIÁMI TR SARASOTA, FL 34243 IN THIS SPACE 6. 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. DATE (NOTE: Registered Agent signature required when reinstating) 9990000819 02/15/08-80091-023 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. CIARAVELLA, RONALD D NAME STREET ADDRESS 8191 N TAMIAMI TR 34243 CITY-ST-ZIP SARASOTA, FL. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 a address. With all the province.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald D. Ciaravella

1/7/08 941-351-9741