


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90234 049 \*\*\*\*61.25

DOCUMENT # 712026	
1. Entity Name INTERNATIONAL COUNCIL OF CENTRAL FLORIDA, INC.	

Principal Place of Business 1400 W FAIRBANKS, 102 SUITE 102 WINTER PARK, FL 32789	Mailing Address 1400 W FAIRBANKS, 102 SUITE 102 WINTER PARK, FL 32789
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04272006 No Chg-NP	CR2E037 (11/05)
4. FEI Number 59-1837575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHASTANG, LAWRENCE J  
 1400 W. FAIRBANKS, #102  
 WINTER PARK, FL 32789

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>FORSTER, GARY</del> Mr. Charles Ramm. PO BOX 915408 LONGWOOD, FL 327915408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GEHRI, PATRICIA 1850 LEE RD, STE 300 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LASCH, MARLENE PO BOX 915408 LONGWOOD, FL 327915408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHASTANG, LAWRENCE 1400 W FAIRBANKS AV #102 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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:** \_\_\_\_\_ Date: 4/27/06 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR