## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 29, 2006 8:00 am Secretary of State **DOCUMENT # 725597** 1. Entity Name 03-29-2006 90127 037 \*\*\*\*61.25 ICTHUS, INC. Principal Place of Business Mailing Address P.O. BOX 1453 P.O. BOX 1453 SARASOTA FL 34230-1453 SARASOTA FL 34230-1453 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 23-7268626-Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIERCE, RUTH M Street Address (P.O. Box Number is Not Acceptable) 3512 MEDFORD LANE SARASOTA FL 34239 Zip Code 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 (gnittsmen ner/w benuper endungs steppe consistency DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITLE Roberta Goodin 3403 Wilkinson Woods Sarasota, FL34231 PIERCE, RUTH NAME NAME 3512 MEDFORD LANE STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-7IP CITY-ST-ZIP SD X Delete TITLE TITLE Helen L. Mc Abee 5721 Casa del Sol Blud ULLMAN,ÆVÆ NAME NAME 6645 GLADES WAY STREET ADDRESS STREET ADDRESS Deceased SARASOXA FL 34231 CITY-ST-ZIP CITY-ST-ZIP Sarasota FL, 34233 Delete TITLE TITLE WELSH, THOMAS W JR NAME NAME STREET ADDRESS 3342 MAYFLOWER ST. STREET ADDRESS SARASOTA FL 34231 CITY-ST-7IP CITY-ST-7IP Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 arm 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.

March 20,2006 941-924-8846

FILED