


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90017 019 ***150.00

DOCUMENT # 837047 1. Entity Name INDUSTRIAL COMMUNICATION CO.	
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Principal Place of Business 414 LIVE OAKS BLVD. CASSELBERRY, FL 32707-3830	Mailing Address I. COMM 49361 SHAFER AVE WIXOM, MI 48393
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2. Principal Place of Business 9025 Boggy Creek Blvd	3. Mailing Address
Suite, Apt. #, etc. Suite 4	Suite, Apt. #, etc.

City & State Orlando, FL	City & State
Zip 32824	Country Orange

6. Name and Address of Current Registered Agent	
SADER, ROBERT 1901 WEST CYPRESS CREEK ROAD SUITE 145 FORT LAUDERDALE, FL 33309	

40045530



01052006 Chg-P CR2E034 (11/05)

4. FEI Number 38-1887705	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHUART, FRED 49361 SHAFER AVENUE WIXOM, MI 48393 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 with an address, with all other like empowered.

SIGNATURE: _____ Date: 3/31/06 Daytime Phone # _____