
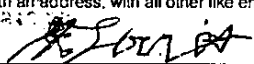


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90168 034 ***150.00

DOCUMENT # 841718 1. Entity Name INVESTMENT CAPITAL CORPORATION					
Principal Place of Business 1211 GULF OF MEXICO DR APT 901 LONGBOAT KEY, FL 34228 US			Mailing Address 1211 GULF OF MEXICO DR APT 901 LONGBOAT KEY, FL 34228 US		
2. Principal Place of Business 1299 N. TAMiami TR. Suite, Apt. #, etc. # 327 City & State SARASOTA, FL Zip 34236 Country SARASOTA		3. Mailing Address 1299 N. TAMiami TR Suite, Apt. #, etc. # 327 City & State SARASOTA, FL Zip 34236 Country SARASOTA			
4. FEI Number 25-1027690				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVITT, ROBERT B. 506 BAY ISLES RD STE G LONGBOAT KEY, FL 34228			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1299 N. TAMiami TRAIL # 327 City SARASOTA FL Zip Code 34236		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVITT, ROBERT B 1201 SOUTHPORT DR SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEVITT, FLORENCE C 1211 GULF OF MEXICO DR. LONGBOAT KEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1299 N. TAMiami TR. # 327 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LEVITT, IRVING F 1211 GULF OF MEXICO DR. LONGBOAT KEY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1299 N. TAMiami TR # 327 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EHRENPREIS, LINDA ANN 1 DARLINGTON COURT PITTSBURGH, PA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT YATES, EDWARD 6812 FAIRVIEW TERRACE BRADENTON, FL 34203		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			3/1/05 941-953-2440		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					