

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90272 019 \*\*\*150.00

**DOCUMENT # F02000005799**  
 1. Entity Name  
 ICI SOLUTIONS, INC. OF ARIZONA



40027659

Principal Place of Business: 7201 W. OAKLAND ST., SUITE 2, CHANDLER, AZ 85226  
 Mailing Address: 7201 W. OAKLAND ST., SUITE 2, CHANDLER, AZ 85226

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country



01182005 Chg-P CR2E034 (10/03)

4. FEI Number: 0108-0639774  
 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		
TITLE	PC	<input type="checkbox"/> Delete
NAME	WHITE, ANTONY G	
STREET ADDRESS	115 CASITAS BULEVAR	
CITY-ST-ZIP	LOS GATOS, CA 95032	
TITLE	S	<input type="checkbox"/> Delete
NAME	PUSATERI, MARY	
STREET ADDRESS	5907 W. RUNNING DEER TRAIL	
CITY-ST-ZIP	PHOENIX, AZ 85085	
TITLE	VC	<input type="checkbox"/> Delete
NAME	FLOEGEL, RICHARD	
STREET ADDRESS	6678 GOLF CREST DR	
CITY-ST-ZIP	SAN DIEGO, CA 92119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLEINZWEIG, FRED	
STREET ADDRESS	5561 MODINA PLACE	
CITY-ST-ZIP	AGUORA HILLS, CA 91301	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DITALLO, DARIUS	
STREET ADDRESS	9078 E LOS GATOS	
CITY-ST-ZIP	SCOTTSDALE, AZ 85255	
TITLE	D	<input type="checkbox"/> Delete
NAME	BITAUT, WALTER	
STREET ADDRESS	14816 S 7TH WAY	
CITY-ST-ZIP	PHOENIX, AZ 85048	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Irons	
STREET ADDRESS	757 E. Mountain Sky Ave.	
CITY-ST-ZIP	PHOENIX AZ 85048	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mary Pusateri 3/3/05 4804473838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #