


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State


DOCUMENT # F02000005799

1. Entity Name
 ICI SOLUTIONS, INC. OF ARIZONA



Principal Place of Business 7201 W. OAKLAND ST., SUITE 2 CHANDLER, AZ 85226	Mailing Address 7201 W. OAKLAND ST., SUITE 2 CHANDLER, AZ 85226
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DO NOT WRITE IN THIS SPACE



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0639774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	PC WHITE, ANTONY G 115 CASITAS BULEVAR LOS GATOS, CA 95032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUSATERI, MARY 5907 W. RUNNING DEER TRAIL PHOENIX, AZ 85085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FLOEGEL, RICHARD 6678 GOLF CREST DR SAN DIEGO, CA 92119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRONS, STEVE 757 E MOUNTAIN SKY AVE PHOENIX, AZ 85048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DITALLO, DARIUS 9078 E LOS GATOS SCOTTSDALE, AZ 85255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITAUT, WALTER 14816 S 7TH WAY PHOENIX, AZ 85048

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 03/06/07-80099-022 150.00

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: *Mary Pusateri* **Mary Pusateri** *2/1/07* **4804773838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #