

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004340

FILED
May 11, 2005
Secretary of State

Entity Name: INTERNATIONAL CATASTROPHE SOLUTIONS, INC.

Current Principal Place of Business:

4000 WENDELL DR.
ATLANTA, GA 30336

New Principal Place of Business:

Current Mailing Address:

4000 WENDELL DR.
ATLANTA, GA 30336

New Mailing Address:

FEI Number: 05-0562899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: PITTS, COREY B
Address: 1655 HARLINGTON ROAD
City-St-Zip: SMYRNA, GA 30082

Title: S () Delete
Name: PITTS, BILLIE
Address: 1656 HARLINGTON ROAD
City-St-Zip: SMYRNA, GA 30082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBY HOWARD

VP

05/11/2005

Electronic Signature of Signing Officer or Director

Date