

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000007197

Entity Name: ICAP FINANCIAL CORP.

FILED
Oct 12, 2005
Secretary of State

Current Principal Place of Business:

28870 US 19 NORTH, 1ST FLOOR, SUITE 100
MAIL BOX 40
CLEARWATER, FL 33761

New Principal Place of Business:

28870 US 19 NORTH STE 100
CLEARWATER, FL 337614336 US

Current Mailing Address:

28870 US 19 NORTH, 1ST FLOOR, SUITE 100
MAIL BOX 40
CLEARWATER, FL 33761

New Mailing Address:

28870 US 19 NORTH STE 100
CLEARWATER, FL 337614336 US

FEI Number: 02-0712754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACHE, ROBERT
28870 US 19 NORTH 1ST FLOOR SUITE 100
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

BACHE, ROBERT W
28870 US 19 NORTH STE 100
CLEARWATER, FL 337614336 US

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: ROBERT W. BACHE

10/12/2005

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: PC () Delete
Name: BACHE, KATHRYN
Address: 1437 WILLOW BROOK DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: VPVC (X) Delete
Name: BACHE, ROBERT
Address: 1437 WILLOW BROOK DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: T (X) Delete
Name: BACHE, ROBERT
Address: 1437 WILLOW BROOK DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: SD (X) Delete
Name: TURNER, PRISCILLA
Address: 1437 WILLOW BROOK DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Delete
Name: BACHE, L. EDWARD
Address: 1437 WILLOW BROOK DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCST (X) Change () Addition
Name: TURNER, PRISCILLA
Address: 871 CORONADO DR STE 200
City-St-Zip: HENDERSON, NV 89052

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

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

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: ROBERT W. BACHE

RA

10/12/2005

Electronic Signature of Signing Officer or Director

Date