## 2006 FOR PROFIT CORPORATION

## Mar 14, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-14-2006 90040 046 \*\*\*150.00 DOCUMENT # F05000006873 1. Entity Name ICON SYSTEMS T&T. INC. Principal Place of Business Mailing Address 50002455 5744 PACIFIC CENTER BLVD., SUITE 311 5744 PACIFIC CENTER BLVD., SUITE 311 SAN DIEGO, CA 92121 SAN DIEGO, CA 92121 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 03072006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 33-0523550 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DENTON, EARLE Street Address (P.O. Box Number is Not Acceptable) ICON SYSTEMS, INC. 3505 LAKE LYNDA DRIVE, SUITE 119 ORLANDO, FL 32817 City 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Delete ☐ Addition TITLE CEO PARIKH, HIMANSHU N NAME NAME 5744 PACIFIC CENTER BLVD., SUITE 311 STREET ADDRESS STREET ADDRESS SAN DIEGO, CA 92121 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition President COURS, J. DAVE NAME NAME STREET ADDRESS 5744 PACIFIC CENTER BLVD., SUITE 311 STREET ADDRESS CITY-ST-7iP SAN DIEGO, CA 92121 CITY - ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE Secretary HEALEY, FRITZ W NAME NAME 5744 PACIFIC CENTER BLVD., SUITE 311 STREET ADDRESS STREET ADDRESS **SAN DIEGO, CA 92121** CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THIE ☐ Delete TITLE ☐ Change NAME NAME

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 susplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee employed 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 atlachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

158-452-0496 x110

FILED