


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F69704**  
 1. Entity Name  
**INTERCONTINENTAL SALES CORPORATION**



Principal Place of Business      Mailing Address  
**910 SW 12 AVE**      **PO BOX 6549 DELRAY BEACH**  
**POMPANO BEACH, FL 33069 US**      **DELRAY BEACH, FL 33021 US**

**DO NOT WRITE IN THIS SPACE**



01232007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2166025</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCHWEIBISH, SHARON**  
**7769 TRIESTE PLACE**  
**DELRAY BEACH, FL 33446**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	PD SCHWEIBISH, RALPH 7769 TRIESTE PLACE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWEIBISH, SHARON 7769 TRIESTE PLACE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, SAMANTHA 7769 TRIESTE PLACE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEEDELL, STACY 7769 TRIESTE PLACE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/19/07-80019-017 150.00

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:** *Ralph Schweibish* - President      3/12/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RALPH SCHWEIBISH**      Date      Daytime Phone #