2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# F69704

Entity Name: INTERCONTINENTAL SALES CORPORATION

Current Principal Place of Business:

910 SW 12 AVE
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6549 DELRAY BEACH
DELRAY BEACH, FL 33021 US

New Mailing Address:

FEI Number: 59-2166025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWEIBISH, SHARON
7769 TRIESTE PLACE
DELRAY BEACH, FL 33446 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SCHWEIBISH, RALPH	
Address:	7769 TRIESTE PLACE	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	S	( ) Delete
Name:	SCHWEIBISH, SHARON,	
Address:	7769 TRIESTE PLACE	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	D	( ) Delete
Name:	SINGER, SAMANTHA	
Address:	7769 TRIESTE PLACE	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	D	( ) Delete
Name:	NEEDELL, STACY	
Address:	7769 TRIESTE PLACE	
City-St-Zip:	DELRAY BEACH, FL 33446	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: SHARON SCHWEIBISH S 01/06/2009

Electronic Signature of Signing Officer or Director — Date