



**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # K45548</b>		
1. Entity Name <b>INTERCONNECT CABLE TECHNOLOGIES CORPORATION</b>		
Principal Place of Business <b>16041 FLIGHT PATH DR. BROOKSVILLE, FL 34604-6852</b>		Mailing Address <b>16041 FLIGHT PATH DR. BROOKSVILLE, FL 34604-6852</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
02072006 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>59-2915442</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>SEVALD, RANDY 2114 MAXIMILIAN AVE SPRING HILL, FL 34609</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 remaining) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEVALD, RANDY 2114 MAXIMILIAN AVE SPRING HILL, FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSGOOD, RICHARD 14072 GREGORY ST SPRING HILL, FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>* Randy Sevald</i> <b>RANDY SEVALD</b>		<b>X 2-27-06</b> <b>352</b> <b>796-1716</b> Daytime Phone # <b>X 11</b>