2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# K51953

Entity Name: INNOVATIVE CONCEPT GROUP, INC.

Current Principal Place of Business:

INNOVATIVE CONCEPT GRP
8508 BENJAMIN ROAD, SUITE C
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

INNOVATIVE CONCEPT GRP
P O BOX 30719
TAMPA, FL 336303719 US

New Mailing Address:

FEI Number: 59-2920918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLESS, JAMES A
8508 BENJAMIN ROAD SUITE C
TAMPA, FL 33634 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: P ( ) Delete
Name: TAYLOR, WILLIAM S JR.
Address: P O BOX 30719
City-St-Zip: TAMPA, FL 33630

Title: CEO ( ) Delete
Name: PLESS, JAMES A
Address: P BOX 30719
City-St-Zip: TAMPA, FL 33630

Title: CFO ( ) Delete
Name: PROVANCE, DARLENE
Address: P.O. BOX 30719
City-St-Zip: TAMPA, FL 336303719

Title: S ( ) Delete
Name: GROSS, DEBORAH
Address: P.O. BOX 30719
City-St-Zip: TAMPA, FL 33630

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 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: DARLENE PROVANCE CFO 04/27/2005

Electronic Signature of Signing Officer or Director Date