

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90275 029 ***158.75

DOCUMENT # K99674	
1. Entity Name ICT PROPERTIES, INC.	

Principal Place of Business 275 S.E. SPANISH TRAIL BOCA RATON, FL 33432	Mailing Address 275 S.E. SPANISH TRAIL BOCA RATON, FL 33432
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40078030

2. Principal Place of Business - No P.O. Box # 5818 E Fox Hollow Dr. Suite, Apt. #, etc.	3. Mailing Address 5818 E Fox Hollow Dr. Suite, Apt. #, etc.
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04192007 Chg-P CR2E034 (12/06)

City & State Boca Raton FL	City & State Boca Raton FL	4. FEI Number 65-0130952	Applied For <input type="checkbox"/> Not Applicable
Zip 33486	Country USA	Zip 33486	Country USA

6. Name and Address of Current Registered Agent TRUTE, MELVYN ESQ. 1090 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	7. Name and Address of New Registered Agent Name: <u>Rogers, Darlene CPA</u> Street Address (P.O. Box Number is Not Acceptable): <u>576 Woodcreek Dr.</u> City: <u>Palm City</u> FL Zip Code: <u>34990</u>
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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: Darlene A. Rogers Darlene A. Rogers 4/20/07
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when persisting) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAFICANT-BERGMAN, DEBORAH J 275 SE E. SPANISH TRAIL BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERGMAN, CHARLES 275 SE E. SPANISH TRAIL BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Deborah Traficant Bergman 04-19-07 561-289-6373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #