2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M61770 INTERCONTINENTAL HOLDING GROUPE, INC. Mailing Address

FILED Jan 20, 2006 08:00 AM Secretary of State



Principal Place of Business

703 AVOCET RD

DELRAY BEACH, FL 33444

1121 S. MILITARY TRAIL

DEFRFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPAC				01102006 No Chg-P CR2E034 (11/05)			
				T. I LI Manibet			
						Not Applicable	
			5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			,		• • • • • • • • • • • • • • • • • • • •		
ERIC J. KAPLAN 9200 SOUTH DADELAND BLVD. SUITE 619 MIAMI, FL 33156			DO NOT WRITE IN THIS SPACE				
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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campalgn Finar Trust Fund Contribution.			ncing 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS			 		
TITLE	PST						
NAME	COVINGTON, DEANA					i	
STREET ADDRESS				U00000393155 01/25/06-80008-022 150.00			
CITY-ST-ZIP							
TITLE	AS			01/25/06-80008-022 150.00			
	NAME KAPLAN, ERIC						
STREET ADDRESS 9200 SOUTH DADELAND BLVD., SUITE 619 CITY-ST-ZP MIAMI, FL 33156							
	MIAMI, FL 33156	- <u></u>	ł			}	
TITLE NAME							
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TITLE							
NAME	}						
STREET ADDRESS	1		ľ				

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP.

SIGNATURE: SIGNATURE AND TYPED OF DESITTED, MAKE OF SIGNING R OR DIRECTOR