


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N07000004438</b>	
1. Entity Name US FRIENDS OF CICS INC.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL -7 AM 10: 57

Principal Place of Business 272 ENGLENOOK DR. DEBARY, FL 32713	Mailing Address 272 ENGLENOOK DR. DEBARY, FL 32713
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2. Principal Place of Business - No P.O. Box # 10975 SW 107 ST Suite, Apt. #, etc. # 317 City & State MIAMI FLORIDA Zip 33176 Country USA	3. Mailing Address 10975 SW 107 ST Suite, Apt. #, etc. # 317 City & State MIAMI FLORIDA Zip 33176 Country USA
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06192008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent OPITZ, PATRICIA A. 272 ENGLENOOK DR. DEBARY, FL 32713	
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4. FEI Number 04-2169954	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

900132921739  
07/15/08--01007--007 \*\*70.00

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OPITZ, PATRICIA A. 272 ENGLENOOK DR. DEBARY, FL 32713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. SCOTT ELLIOTT 292 JENNIFER DRIVE GEORGE TOWN, GRAND CAYMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OPITZ, VICTOR M. 272 ENGLENOOK DR. DEBARY, FL 32713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN BRUMMER 33 SECRET GARDEN, FAIRBANKS RD GEORGE TOWN, GRAND CAYMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, TRACY K. 272 ENGLENOOK DR. DEBARY, FL 32713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTINE SANDERS 921 S. CHURCH ST. #12 GEORGE TOWN, GRAND CAYMAN <input type="checkbox"/> Change <input checked="" 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
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 617, 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:  John S. H. Elliott 18 June 2008 345-323-9377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #