


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003780 1. Entity Name INTERCOUNTRY ADOPTION CENTER, INC.	
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Principal Place of Business 7204 13TH AVENUE WEST BRADENTON, FL 34209	Mailing Address 7204 13TH AVENUE WEST BRADENTON, FL 34209
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0863734	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIPP, MICHELLE A 7204 13TH AVENUE WEST BRADENTON, FL 34209	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2004	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIPP, MICHELLE 7204 13TH AVE W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOELBL, FRANK 7204 13TH AVE. W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINLEY, KATHY L 2661 LOVERS LANE RD. DODGEVILLE, WI 53533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIPP, MARY 4549 BRENNAN RD DODGEVILLE, WI 53533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/12/04-80086-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Michelle A. Ripp Michelle A. Ripp 2/10/04 941-761-1345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #