2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90239 024 ***150.00

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DOCUMENT # P00000011308

1. Entity Name
ISCP AMERICA CORPORATION

Principal Place of Business
1802 N. UNIVERSITY DR., #222, STE 102
PLANTATION, FL 33322

Mailing Address
1802 N. UNIVERSITY DR., #222, STE 102
PLANTATION, FL 33322

02102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
7601 EAST TREASURE DRIVE CU#9
Suite, Apt. #, etc.
City & State
NORTH BAY VILLAGE, FL
Zip
Country

3. & CU #9

PLEASE SEE THE CHANGES

4. FEI Number
65-0975224
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TAYLOR, EIRA J
1802 N. UNIVERSITY DR., STE. 100A
PLANTATION, FL 33322

7. Name and Address of New Registered Agent
Name LINSSEN, PHILIPPE PAUL
Street Address (P.O. Box Number is Not Acceptable)
7601 EAST TREASURE DRIVE CU #9
City NORTH BAY VILLAGE FL Zip Code 33141

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~FILE NOW!!! FEE IS $150.00~~
~~After May 1, 2005 Fee will be $550.00~~

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINSSEN, PHILIPPE PAUL 1802 N. UNIVERSITY DR., #222, STE 102 PLANTATION, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINSSEN, PHILIPPE PAUL 7601 EAST TREASURE DRIVE CU #9 NORTH BAY VILLAGE FL 33141	☒ Change ☐ Addition
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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 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: [signature] PHILIPPE PAUL LINSSEN 15 FEBRUARY 2005.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #