


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90109 037 ***150.00

DOCUMENT # P00000011308 1. Entity Name ISCP AMERICA CORPORATION					
Principal Place of Business 7601 EAST TREASURE DRIVE CV # 9 NORTH BAY VILLAGE, FL 33322			Mailing Address 1802 N. UNIVERSITY DR., #222, STE 102 PLANTATION, FL 33322		
2. Principal Place of Business			3. Mailing Address <i>same address</i> 7601 East Treasure Drive CV # 9		
Suite, Apt. #, etc.			Suite, Apt. #, etc. North Bay Village FL 33322		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0975224	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LINSSEN, PHILIPPE PAUL 7601 EAST TREASURE DRIVE CV # 9 NORTH BAY VILLAGE, FL 33141				7. Name and Address of New Registered Agent Name LINSSEN, Philippe Paul Street Address (P.O. Box Number is Not Acceptable) <i>(error: P for Philippe)</i> <i>(no change, spelling error)</i> 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 7601 EAST TREASURE DRIVE, CV # 9 NORTH BAY VILLAGE, FL 33141		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	
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 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: _____			PHILIPPE PAUL LINSSEN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 9 APRIL 2006		

40061864



04132006 Chg-P CR2E034 (11/05)

ATTACHMENT
40061864
#400000011308

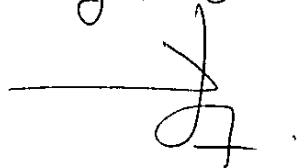
TO: Division of Corporations.

Dear Sirs,

This report and check are mailed
to you by AIRMAIL from France as
I am presently overseas.

The Post office indicates the mail takes
5 days by air from France to be received
by you in Florida, so you should get
it well on time before May.

Yours sincerely, regards,



Philip P. Cinsien

Isel Anne Corporation

9 APR 2006