2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005044

Entity Name: ICONLOGIC INTERNATIONAL, INC.

FILED Apr 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2357 WEST 80TH STREET BAY#3 HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

2357 WEST 80TH STREET BAY#3 HIALEAH, FL 33016

FEI Number: 65-1069704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAIELLO, PATRICIA
20846 NW 3RD. COURT
PEMBROKE PINES, FL 33029 US

MAIELLO, PATRICIA
1986 NW 170TH TERRACE
PEMBROKE PINES, FL 33028 US

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.

SIGNATURE: MAIELLO, PATRICIA 04/02/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: VPD (X) Change () Addition Name: MAIELLO, PATRICIA Name: MAIELLO, PATRICIA

 Address:
 20846 NW 3RD. CT.
 Address:
 1986 NW 170TH TERRACE

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 PEMBROKE PINES, FL 33028

Title: PD () Delete Title: PD (X) Change () Addition
Name: COLICCHIO CLAUDIO Name: COLICCHIO CLAUDIO

Name:COLICCHIO, CLAUDIOName:COLICCHIO, CLAUDIOAddress:20846 NW 3RD. CT.Address:1986 NW 170TH TERRACECity-St-Zip:PEMBROKE PINES, FL 33029City-St-Zip:PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLICCHIO, CLAUDIO PD 04/02/2007