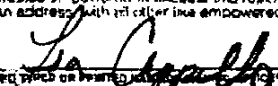


Apr-29-05 08:40A

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90538 040 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000017721			
1. Entity Name IDEAL COLLECTION INTERNATIONAL, INC.			
Principal Place of Business 629 FORT HARRISON AVE CLEARWATER, FL 33756		Mailing Address P.O. BOX 3095 CLEARWATER, FL 33767-2010	
2. Principal Place of Business		3. Mailing Address 428 Indian Rocks Rd	
Subsidiary, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State Belleair Bluffs FL	
Zip		Zip 33770	
Country		Country Pinnellas	
4. FE Number 59-3706069		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALFORD, RICHARD L 1550 SOUTH HIGHLAND AVENUE SUITE B CLEARWATER, FL 33756		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.			
SIGNATURE: _____ Date: _____			
FILE NOW!!! FEB IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing First 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D CAPPELLO, LISA 146 BAYSHORE DRIVE DUNEDIN, FL 346986514 ☐ Delete		☐ Change ☐ Addition	
D HAKIMIAN, ALBERT 554 MIDDLE NECK ROAD GREAT NECK, NY 11023 ☒ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(3)(i), Florida Statutes. I further certify that the information contained 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 trustee 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 lines empowered.			
SIGNATURE: 		OWNER 727 446 1992	
SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR		Date	