2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038475

Entity Name: ICART NAUTIQUE, INC.

FILED Apr 19, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
27200 RIVERVIEW CENTER BOULEVARD 309				4500 EXECUTIVE DRIVE 210			
BONITA SPRINGS, FL 34134				NAPLES, FL 34119			
Current Mailing Address:				New Mailing Address:			
27200 RIVERVIEW CENTER BOULEVARD 309				4500 EXECUTIVE DRIVE 210			
BONITA SPRINGS, FL 34134				NAPLES, FL 34119			
FEI Number	: 59-3740642	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HENNING, NORMA B 27200 RIVERVIEW CENTER BOULEVARD 309 BONITA SPRINGS, FL 34134 US				HENNING, NORMA B 4500 EXECUTIVE DRIVE 210 NAPLES, FL 34119 US			
	named entity e of Florida.	submits this statement for the p	ourpose o	f changing i	ts registered	office or registered agent, or both,	
SIGNATURE:				04/19/2007			
	Electron	nic Signature of Registered Age	ent			Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	HEISE, CHRIS	TRAIL NORTH, STE 300		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HEISE, ISGAR	TRAIL NORTH, STE 300		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NORMA, VINCE 27200 RIVERV) Delete ENT B IEW CENTER BOULEVARD IGS, FL 34134		Title: Name: Address: City-St-Zip:	NORMA, HEN	IVE DRIVE #210	

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: NORMA HENNING S 04/19/2007