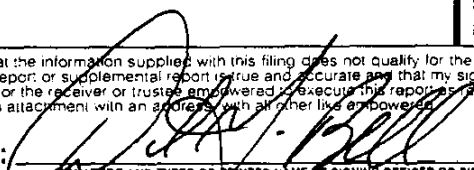


**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90296 049 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |                                                                                                                                  |                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000002899</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                                 |                                                                                                         |
| 1. Entity Name<br>ICORE OF FLORIDA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |                                                                                                                                  |                                                                                                         |
| Principal Place of Business<br>114 Morlake Dr, Ste 202<br>MOORESVILLE, NC 28117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | Mailing Address<br>114 Morlake Dr, Ste 202<br>MOORESVILLE, NC 28117                                                              |                                                                                                         |
| 2. Principal Place of Business<br>Suite Apt # etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          | 3. Mailing Address<br>Suite Apt # etc.                                                                                           |                                                                                                         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | City & State                                                                                                                     |                                                                                                         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                                                  | Zip                                                                                                                              | Country                                                                                                 |
| 4. FEI Number<br>01-0583437                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                         |                                                                                                         |
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature typed in printed name of registered agent and date of signature. (NOTE: Registered agent signature required when reappointing.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                                                                                  |                                                                                                         |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          | 9. Election Campaign Financing<br>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 10                                                                            |                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PSD<br>BELL, DAVID G<br>114 Morlake Dr, Ste 202<br>MOORESVILLE, NC 28117 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>114 Morlake Dr. Ste 202 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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 507, 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          | 3-3-06 8002413266                                                                                                                |                                                                                                         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          | Date Daytime Phone                                                                                                               |                                                                                                         |

# Brennan Law Firm, PLLC ATTACHMENT

ATTORNEY AND COUNSELOR AT LAW

17115 Kenton Drive, Suite 204A  
Cornelius, North Carolina, 28031

**Martin M. Brennan, Jr.**

(Licensed in North Carolina and Virginia)

40087826

Phone: (704) 896-6441

Facsimile: (704) 896-6449

Cell: (704) 236-9520

April 10, 2006

## VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: iCore of Florida, Inc.

Dear Sir or Madam:

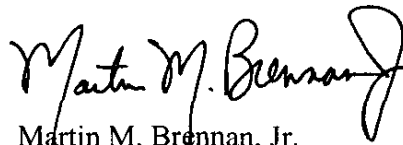
On behalf of the above-named entity, enclosed please find the following documents:

- 1) One original and one copy of the Annual Report for the year ending December 31, 2005 for iCore of Florida, Inc.; and
- 2) A check in the amount of \$150.00 made payable to the Florida Department of State.

Should you need further information or have any questions, you can reach me at either (704) 896-6441 (Work) or (704) 236-9520 (Cell). Thank you for your assistance in this matter.

Sincerely,

BRENNAN LAW FIRM, PLLC

  
Martin M. Brennan, Jr.

MMBjr/sle  
Enclosures

cc: Mr. David G. Bell