


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90020 034 ***550.00

DOCUMENT # P02000094100	
1. Entity Name ICC COMPUTER RENTAL INC.	

Principal Place of Business 9025 BOGGY CREEK ROAD SUITE 4 ORLANDO, FL 32824 OC	Mailing Address 601 W. CAMPUS DRIVE SUITE B-3 ARLINGTON HEIGHTS, IL 60004
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2. Principal Place of Business 9025 BOGGY CREEK RD Suite, Apt. #, etc. SUITE 14	3. Mailing Address 2025 GLEN ELLYN RD Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State GLENDALE HEIGHTS, IL
Zip 32824	Country ORANGE
Zip 60139	Country USA



07072006 Chg-P CR2E034 (11/05)

4. FEI Number 36-2995167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GANPAT, JAIN M 9025 BOGGY CREEK ROAD SUITE 4 ORLANDO, FL 32824
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7. Name and Address of New Registered Agent Name GANPAT, JAIN M Street Address (P.O. Box Number is Not Acceptable) 9025 BOGGY CREEK ROAD SUITE 14 City ORLANDO FL Zip Code 32824

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: GANPAT JAIN GANPAT JAIN PRESIDENT DATE: 07-07-06
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GANPAT, JAIN M 59 HILLBURN LN NORTH BARRINGTON, FL 60010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JAIN, MADHN 59 HILLBURN LN. NORTH BARRINGTON, IL 60010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: GANPAT JAIN GANPAT JAIN PRESIDENT 07-07-06 (630)622-0351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #