2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006553

Entity Name: ICON NATIONAL HOLDING CORPORATION

FILED Mar 09, 2004 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:			
11575 HERON BAY BLVD. 309		898 WATERWAY PLACE LONGWOOD, FL 32750 US			
CORAL SPRINGS, FL 33076	US	20,,0,,0	35,12 32.33		
Current Mailing Address:		New Maili	New Mailing Address:		
11575 HERON BAY BLVD. 309			898 WATERWAY PLACE LONGWOOD, FL 32750 US		
CORAL SPRINGS, FL 33076	US	251101110025,12 32730 00			
FEI Number: 02-0665495 FEI N	lumber Applied For() FEI Nu	mber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DUNN, KENNETH J 11575 HERON BAY BLVD. 309		HIBBERD, BLAINE H 633 SE 3RD AVENUE 301			
CORAL SPRINGS, FL 33076 US			FORT LAUDERDALE, FL 33301 US		
The above named entity submit in the State of Florida.	s this statement for the purpose	of changing it	ts registered of	fice or registered agent, or both,	
SIGNATURE: BLAINE H. HIBBERD				03/09/2004	
Electronic Sign	nature of Registered Agent			Date	
Election Campaign Financing Trust	Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: () Delete Name: Address: City-St-Zip:		Title: Name: Address: City-St-Zip:	D () Change (X) Addition FEDER, GARY 20530 SW 51ST STREET PEMBROKE PINES, FL 33332		
Title: () Delete Name: Address: City-St-Zip:		Title: Name: Address: City-St-Zip:	D () Change (X) Addition BROOKS, EDWARD 898 WATERWAY PLACE LONGWOOD, FL 32750		
Title: () Delete Name: Address: City-St-Zip:		Title: Name: Address: City-St-Zip:	D () Change (X) Addition RODE, CHERYL 898 WATERWAY PLACE LONGWOOD, FL 32750		
Title: () Delete Name: Address: City-St-Zip:		Title: Name: Address: City-St-Zip:	COUGHLIN, PAU	NCE ROAD, WEST	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY FEDER D 03/09/2004