

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000016993 1. Entity Name ICT GROUP OF USA-CORP.						FILED 05 JUN -9 PM 12:09 SECRETARY OF STATE TALLAHASSEE, FL	
Principal Place of Business 5764 S. PLUM BAY PARKWAY TAMARAC, FL 33321 US				Mailing Address 5764 S. PLUM BAY PARKWAY TAMARAC, FL 33321 US			
2. Principal Place of Business 1455 NW 107 AVE. Suite, Apt. #, etc. 454A				3. Mailing Address 1332 ALEXANDER BEND Suite, Apt. #, etc.			
City & State MIAMI, FL				City & State WESTON, FLORIDA			
Zip 33172		Country USA		Zip 33327		Country USA	
4. FEI Number 20-0227811				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TOURGEMAN, RAMON 1725 MAIN STREET, STE. 209 WESTON, FL 33326				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$81.25				9. Election Campaign Financing 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 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BELLORIN, HORTENSIA 5764 S. PLUM BAY PARKWAY TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT/DIRECTOR ZUNIGA, MARIA P 1332 ALEXANDER BEND WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP ZUNIGA, MARIA P 1332 ALEXANDER BEND WESTON, FL 33327 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP V.P. DIRECTOR ZUNIGA, FABIANA 1332 ALEXANDER BEND WESTON, FL 33327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 400056149184 06/14/05--01034--013 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				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 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 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: PRESIDENT				06/02/05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			