


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 A
Secretary of State

DOCUMENT # P03000091205
1. Entity Name
ICP PROPERTIES, INC.



Principal Place of Business
2522 N. STATE ROAD 7
MARGATE, FL 33063

Mailing Address
2522 N. STATE ROAD 7
MARGATE, FL 33063



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3001815 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAPPALARDO, IRENE
2522 N. STATE ROAD 7
MARGATE, FL 33063

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000604524
01/29/07-80057-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAPPALARDO, IRENE
STREET ADDRESS	5377 NW 57TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	TABINO, JULIE
STREET ADDRESS	5775 NW 48TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	D
NAME	PAPPALARDO, JOSEPH A
STREET ADDRESS	5377 NW 57TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: [Signature] 1/23/07 954-557-4262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #