


07-22-2004 90006 002 \*\*\*150.00

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**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P0300011797</b>			
1. Entity Name <b>INTERCONTINENTAL CURRENCY CONSULTANTS, INC.</b>			
Principal Place of Business <b>1861 LYONS ROAD #208 COCONUT CREEK, FL 33063</b>		Mailing Address <b>1861 LYONS ROAD #208 COCONUT CREEK, FL 33063</b>	
2. Principal Place of Business <b>1280 SW 36 AVE Suite, Apt. #, etc. Suite 102 City &amp; State Pompano Bch</b>		2. Mailing Address <b>1280 SW 36 AVE Suite, Apt. #, etc. Suite 102 City &amp; State Pompano Bch</b>	
Zip <b>33069</b>	Country	Zip <b>33069</b>	Country
4. FEI Number <del>861084060</del>		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 <b>LANIGAN, RICHARD 1861 LYONS ROAD #208 COCONUT CREEK, FL 33063</b>		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 <u>Richard Lanigan</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANIGAN, RICHARD</b>	NAME	
STREET ADDRESS	<b>1861 LYONS ROAD #208</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK, FL 33063</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Richard Lanigan</u>		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>			

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Due by September 8, 2004**

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Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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SIGNATURE: Richard Lanigan Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR