


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000115025		
1. Entity Name ICW, INC.		
Principal Place of Business 1010 N 69 WAY HOLLYWOOD, FL 33024	Mailing Address 1010 N 69 WAY HOLLYWOOD, FL 33024	



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2406951	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

SCOLLON, LAURA
1010 N 69 WAY
HOLLYWOOD, FL 33024

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCOLLON, LAURA 1010 N 69TH WAY HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOLLON, BARBARA A 1305 YALE DRIVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOLLON, ROBERT T 8431 NW 5TH STREET PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/07-80018-007 150.00

**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:

Laura Scollon DP LAURA Scollon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07
Date

954-818-9798
Daytime Phone #