

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017080

Entity Name: ICPR, INC.

FILED
Feb 17, 2005
Secretary of State

Current Principal Place of Business:

1923 NW 80 AVENUE
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

5366 MYRTLE TERRACE
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 20-0655855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOBAR, JULIA E
5366 MYRTLE TERRACE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

IMAGO INC
5366 MYRTLE TERRACE
PLANTATION, FL 33317 US

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.

SIGNATURE: JULIA TOBAR

02/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOBAR, JULIA E
Address: 5366 MYRTLE TERRACE
City-St-Zip: PLANTATION, FL 33317 US

Title: VP () Delete
Name: PRAXEDES, BLACKLEDGE
Address: 434 NW 7TH AVENUE
City-St-Zip: BOCA RATON, FL 33486 US

Title: TREA (X) Delete
Name: BLACKLEDGE, LAURA
Address: 1923 NW 80 AVENUE
City-St-Zip: MARGATE, FL 33063

Title: SEC (X) Delete
Name: BRIOSO, YESENIA
Address: 4221 SW 23RD COURT
City-St-Zip: FORT LAUDERDALE, FL 33317 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLACKLEDGE, PRAXEDES
Address: 1927 NW 80TH AVENUE
City-St-Zip: MARGATE, FL 33063 US

Title: VP (X) Change () Addition
Name: BLACKLEDGE, LAURA
Address: 1923 NW 80 AVENUE
City-St-Zip: MARGATE, FL 33063 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PRAXEDES BLACKLEDGE

P

02/17/2005

Electronic Signature of Signing Officer or Director

Date