2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# P04000044061

Entity Name: INTERCONTINENTAL FINANCIAL & PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

8951 BONITA BEACH RD.
SUITE 275
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

8951 BONITA BEACH RD.
SUITE 275
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 43-2045195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICARDO, SKERRETT
328 CAPE CORAL PKWY. W
SUITE 2
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAMIREZ, JUAN
Address: 90 22ND AVENUE NW
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Delete
Name: QUINONES, RENALDO
Address: 1327 SE 23RD. ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: T ( ) Delete
Name: QUINONES, LUCY
Address: 1327 SE 23RD. ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: S ( ) Delete
Name: RAMIREZ, ELVIA H
Address: 90 22ND AVENUE NW
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: QUINONES, RENALDO
Address: 4107 SW 23RD AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: T (X) Change ( ) Addition
Name: QUINONES, LUCY
Address: 4107 SW 23RD AVENUE
City-St-Zip: CAPE CORAL, FL 33914

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 Chapter 119, 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: JUAN RAMIREZ P 04/20/2006

Electronic Signature of Signing Officer or Director Date