

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90337 032 ***150.00

DOCUMENT # P04000070995		
1. Entity Name FLORIDA INVESTMENT CONSULTING GROUP, INC.		

Principal Place of Business 8784 TROPICAL CT. FORT MYERS, FL 33908	Mailing Address 8784 TROPICAL CT. FORT MYERS, FL 33908
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40072550

2. Principal Place of Business 8784 Tropical Ct 8784 Tropical Ct	3. Mailing Address 8784 Tropical Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04272006 Chg-P CR2E034 (11/05)

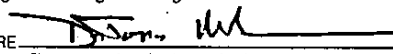
City & State Lehigh Acres	City & State Lehigh Acres
Zip 33972	Country Lee
Zip 33972	Country Lee

4. FEI Number 20-2710216 NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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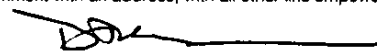
6. Name and Address of Current Registered Agent WRIGHT, CHRISTINE F. ESQ. 4427 S.E. 10TH PLACE #2 CAPE CORAL FL 33904	
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7. Name and Address of New Registered Agent Name D Todd McGee Street Address (P.O. Box Number is Not Acceptable) 2040 VIRGINIA AVE City Fort Myers FL Zip Code 33901	
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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 	DATE 4/27/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAFFENBERGER, WALTER AVENUE DE L'OPTIMISME 99, B-1140 BRUSSELS BELGIUM, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D 2040 VIRGINIA AVE Fort Myers FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAFFENBERGER, CHRISTEL B AVENUE DE L'OPTIMISME 99, B-1140 BRUSSELS BELGIUM, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S T D 2040 VIRGINIA AVE Fort Myers FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 4/27/06 239-334-1363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #