## 2006 FOR PROFIT CORPORATION

## FILED Mar 16, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P04000090222 1. Entity Name ICARIOUS INC. Principal Place of Business Malling Address **2528 GLENDALE PLACE** 2528 GLENDALE PLACE ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 02282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1257077 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TYSON, ALEX DO NOT WRITE 2528 GLENDALE PL WEST PALM BEACH, FL 33411 IN THIS SPACE 5. 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 Agem signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 D TIME TYSON, ALEXANDER NAME STREET ADDRESS 2528 GLENDALE PLACE CITY-ST-ZIP ROYAL PALM BEACH, FL. 33411 TITLE 0372706-80027-025 150.00 NAME STREET ACCRESS CITY-ST-ZIP HITLE NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F STREET ADDRESS CHY-ST-ZIP TITLE

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 of 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 op an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR