

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107292

FILED
Apr 09, 2005
Secretary of State

Entity Name: INTELLIGENT CAPITAL MANAGEMENT GROUP INC.

Current Principal Place of Business:

334 NW 1ST ST
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

334 NW 1ST ST
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 72-1584648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUST, KARL
334 NW 1ST ST
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

HANKINS, MARK
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637 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: MARK HANKINS

04/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIEGEL, MICHAEL
Address: 334 NW 1ST ST
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: FOUST, KARL
Address: 334 NW 1ST ST
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KARL FOUST

PRES

04/09/2005

Electronic Signature of Signing Officer or Director

Date