2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2006
Secretary of State

DOCUMENT# P04000124539

Entity Name: INSURANCE ICON, INC.

Current Principal Place of Business:

115 HICKORY STREET
SUITE 206
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

115 HICKORY STREET
SUITE 206
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 20-1625385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODS, TRACIE
601 THURINGER ST NW
PALM BAY, FL 32907 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: D ( ) Delete
Name: WOODS, TRACIE
Address: 601 THURINGER ST NW
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete
Name: MAIDEN, RANDALL
Address: 601 THURINGER ST NW
City-St-Zip: PALM BAY, FL 32907

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 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: TRACIE WOODS PRES 04/16/2006

Electronic Signature of Signing Officer or Director Date