

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124539

Entity Name: INSURANCE ICON, INC.

FILED  
Apr 07, 2009  
Secretary of State

## 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 L  
601 THURINGER ST NW  
PALM BAY, FL 32907 US

## Name and Address of New Registered Agent:

WOODS, TRACIE L  
1365 DONNA MARIE DRIVE  
MELBOURNE, FL 32904 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: TRACIE WOODS

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WOODS, TRACIE L  
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: D (X) Change ( ) Addition  
Name: WOODS, TRACIE L  
Address: 1365 DONNA MARIE DRIVE  
City-St-Zip: MELBOURNE, FL 32904

Title: D (X) Change ( ) Addition  
Name: MAIDEN, RANDALL  
Address: 1365 DONNA MARIE DRIVE  
City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify 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

MS

04/07/2009

Electronic Signature of Signing Officer or Director

Date