2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P04000160416

Entity Name: ICARUS CONSULTING, INC.

Current Principal Place of Business:

1357 GLENWICK DR.
WINDERMERE, FL 34786

New Principal Place of Business:

1812 WATERMERE LANE
WINDERMERE, FL 34786

Current Mailing Address:

1357 GLENWICK DR.
WINDERMERE, FL 34786

New Mailing Address:

1812 WATERMERE LANE
WINDERMERE, FL 34786

FEI Number: 20-2387596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODWIN, MAURICE A
1357 GLENWICK DR.
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

GOODWIN, MAURICE A
1812 WATERMERE LANE
WINDERMERE, FL 34786 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: MAURICE A. GOODWIN 04/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GOODWIN, MAURICE A
Address: 1357 GLENWICK DR.
City-St-Zip: WINDERMERE, FL 34786

Title: VD ( ) Delete
Name: GOODWIN, TRACY L
Address: 1357 GLENWICK DR.
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GOODWIN, MAURICE A
Address: 1812 WATERMERE LANE
City-St-Zip: WINDERMERE, FL 34786

Title: VP (X) Change ( ) Addition
Name: GOODWIN, TRACY L
Address: 1812 WATERMERE LANE
City-St-Zip: WINDERMERE, FL 34786 US

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: MAURICE A. GOODWIN PD 04/30/2005
Electronic Signature of Signing Officer or Director Date