


2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90024 034 \*\*\*150.00

**DOCUMENT # P04000161432**

1. Entity Name  
**I.C. RESULTS, INC.**



Principal Place of Business  
**4316 NW 48TH ST.  
 108  
 GAINESVILLE, FL 32606**

Mailing Address  
**4316 NW 48TH ST.  
 108  
 GAINESVILLE, FL 32606**

2. Principal Place of Business  
**6110 NW 33rd Terrace**

3. Mailing Address  
**6110 NW 33rd Terrace**

Suite, Apt. #, etc.

City & State  
**Gainesville FL**


City & State  
**Gainesville, FL**

Zip  
**32653**

Country  
**USA**

Zip  
**32653**

Country  
**USA**



04052006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1983676**

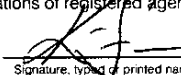
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FROHLICH, KEITH W  
 4316 NW 48TH ST.  
 108  
 GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent  
 Name **Keith W. Frohlich**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6110 NW 33rd Terrace**  
 City **Gainesville** **FL** Zip Code **32653**

8. 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  DATE **April 5, 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br><b>P</b>                                  | <input type="checkbox"/> Delete            | TITLE<br><b>President</b>                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>FROHLICH, KEITH W</b>                   |  | NAME<br><b>Keith W. Frohlich</b>                      |  |
| STREET ADDRESS<br><b>4316 NW 48TH ST. UNIT 108</b> |  | STREET ADDRESS<br><b>6110 NW 33rd Terrace</b>         |  |
| CITY-ST-ZIP<br><b>GAINESVILLE, FL 32606</b>        |  | CITY-ST-ZIP<br><b>Gainesville, FL 32653</b>           |  |
| TITLE<br><b>VP</b>                                 | <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>FROHLICH, KELLEY W</b>                  |  | NAME  |  |
| STREET ADDRESS<br><b>4316 NW 48TH ST. UNIT 108</b> |  | STREET ADDRESS  |  |
| CITY-ST-ZIP<br><b>GAINESVILLE, FL 32606</b>        |  | CITY-ST-ZIP   |  |
| TITLE  | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  | NAME  |  |
| STREET ADDRESS                                     |  | STREET ADDRESS  |  |
| CITY-ST-ZIP  |  | CITY-ST-ZIP   |  |
| TITLE  | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  | NAME  |  |
| STREET ADDRESS                                     |  | STREET ADDRESS  |  |
| CITY-ST-ZIP  |  | CITY-ST-ZIP   |  |
| TITLE  | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  | NAME  |  |
| STREET ADDRESS                                     |  | STREET ADDRESS  |  |
| CITY-ST-ZIP  |  | CITY-ST-ZIP   |  |

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 or 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **April 5, 2006** (352) 233-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #