


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90239 029 ***150.00

DOCUMENT # P05000045324	
1. Entity Name ICU DIGITAL SYSTEMS, INC.	

Principal Place of Business 300 E. ROYAL PALM ROAD SUITE 35-C BOCA RATON FL 33432	Mailing Address 300 E. ROYAL PALM ROAD SUITE 35-C BOCA RATON FL 33432
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2. Principal Place of Business 300 E ROYAL PALM Rd 35c Suite, Apt. #, etc. 35-C	3. Mailing Address BOCA RATON FL 33432 Suite, Apt. #, etc. 35-C
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1st MOORE CR2E034 (10/05)

City & State BOCA RATON FL	City & State BOCA RATON FL	4. FEI Number 83-0425294	Applied For <input type="checkbox"/> Not Applicable
Zip FL 33432	Country FL 33432	Zip 33432	Country Palm Beach

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STRAUB, BUNNIE 300 E. ROYAL PALM ROAD SUITE 35-C BOCA RATON FL 33432	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 BUNNIE STRAUB <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 4/20/06 <small>(NOTE: Registered Agent signature required when registering)</small>

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME STRAUB, BUNNIE	
STREET ADDRESS 300 E. ROYAL PALM ROAD #35-C	
CITY-ST-ZIP BOCA RATON FL 33432	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: BUNNIE STRAUB <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/20/06 <small>Daytime Phone # 561 4173803</small>