

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000123555

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** ICON CONSULTING GROUP INC.

**Current Principal Place of Business:**

8914 VICTORIA ISLE PLACE  
ORLANDO, FL 32829

**New Principal Place of Business:**

**Current Mailing Address:**

8914 VICTORIA ISLE PLACE  
ORLANDO, FL 32829

**New Mailing Address:**

**FEI Number:** 04-3825285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RANADE, VIKRAM V  
8914 VICTORIA ISLE PLACE  
ORLANDO, FL 32829 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

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: RANADE, VIKRAM V  
Address: 8914 VICTORIA ISLE PLACE  
City-St-Zip: ORLANDO, FL 32829

Title: P  
Name: RANADE, PURVI V  
Address: 8914 VICTORIA ISLE PLACE  
City-St-Zip: ORLANDO, FL 32829

I hereby 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 all other like empowered.

SIGNATURE: VIKRAM RANADE

MD

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date