


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90380 018 \*\*\*150.00

<b>DOCUMENT # P05000153143</b>	
1. Entity Name <b>INNER CIRCLE CAPITAL INC.</b>	

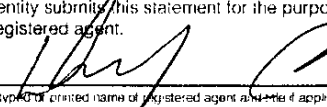
Principal Place of Business <b>3882 SW COQUINA COVE WAY APT 106 PALM CITY, FL 34990</b>	Mailing Address <b>3882 SW COQUINA COVE WAY APT 106 PALM CITY, FL 34990</b>
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2. Principal Place of Business <b>1621 SW Prosperity Way</b>	3. Mailing Address Suite, Apt. #, etc.
City & State <b>Palm City, FL</b>	City & State
Zip <b>34990</b>	Country <b>USA</b>

	
04192006	Chg-P CR2E034 (11/05)
4. FEI Number <b>42-1685300</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MISHELEVICH, DMITRY 3882 SW COQUINA COVE WAY APT 106 PALM CITY, FL 34990</b>	
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7. Name and Address of New Registered Agent Name <b>Dmitry Mishelevich</b> Street Address (P.O. Box Number is Not Acceptable) <b>1621 S.W. Prosperity Way</b> City <b>Palm City</b> FL Zip Code <b>34990</b>	
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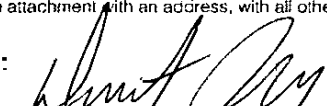
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>4/19/06</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MISHELEVICH, DMITRY</b> <b>3882 SW COQUINA COVE WAY APT 106</b> <b>PALM CITY, FL 34990</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KOKHAN, VIATCHESLAV</b> <b>6057 N.W. 62 TERRACE</b> <b>PARKLAND, FL 33067</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Dmitry Mishelevich</b> <b>1621 SW Prosperity Way</b> <b>Palm City, FL 34990</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Dmitry Mishelevich** **4/19/06**  
Ph **954-821-5445**