

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000055216

**FILED**  
**Aug 23, 2009**  
**Secretary of State****Entity Name:** ARIADNA ICS CORP.**Current Principal Place of Business:**1023 N MONROE ST  
TALLAHASSEE, FL 32303 US**New Principal Place of Business:****Current Mailing Address:**1023 N MONROE ST  
TALLAHASSEE, FL 32303 US**New Mailing Address:****FEI Number:** 20-4722368**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DUGLAS, IGOR EXC.DIR  
1023 N MONROE ST  
TALLAHASSEE, FL 32303 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: DIR ( ) Delete  
Name: VASILYEV, VLADIMIR  
Address: 5535 EASTON GLEN DR  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: DIR (X) Delete  
Name: DUGLAS, IGOR  
Address: 1065 WOODVILLE HWY  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: DUGLAS, IGOR  
Address: 1065 WOODVILLE HWY  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IGOR DUGLAS

DIR

08/23/2009

Electronic Signature of Signing Officer or Director

Date