


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000075969  
 1. Entity Name  
 ICNET SYSTEMS INC



Principal Place of Business 1901 60TH PLACE SUITE 1B319 BRADENTON, FL 34203 US	Mailing Address 1901 60TH PLACE SUITE 1B319 BRADENTON, FL 34203 US
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**DO NOT WRITE IN THIS SPACE**



09022008 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3242174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when returning)  
 Signature: typed or printed name of registered agent and not applicable DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D	HOUGHTON, MICHAEL
NAME	DELL FARM, PAINSWICK,
STREET ADDRESS	STROUD, GLOS, UK GL66SQ
CITY - ST - ZIP	
TITLE S	HOUGHTON, MICHAEL <i>Katie</i>
NAME	DELL FARM, PAINSWICK,
STREET ADDRESS	STROUD, GLOS, UK GL66SQ
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 09/15/08-80002-015.150.00

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: *[Signature]* **M.C. HOUGHTON** *5<sup>th</sup> Sept 2008* *+44 1452 864090*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date