2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P17981

1. Entity Name
I COMMODITIES, INC.

Principal Place of Business	Mailing Address
10142 W BROAD ST. GLEN ALLEN, VA 23060 US	P.O. BOX 4380 GLEN ALLEN, VA 23058 US

DO NOT WRITE IN THIS SPACE

03042006 No Chg-P CR2E034 (11/05)

4. FEI Number
54-1114179

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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.

U00000470566
03/28/06-80019-005 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After May 1, 2006 Fee will be $550.00 Trust Fund Contribution. ☐ Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	HOVERMARLE, DONALD H.
STREET ADDRESS	RR 4
CITY-ST-ZIP	CYNTIANA, KY 41031
TITLE	VD
NAME	CROWDER, LARS E.
STREET ADDRESS	10142 W BROAD ST.
CITY-ST-ZIP	GLEN ALLEN, VA 23058
TITLE	S
NAME	LORENCE, A JOHN JR
STREET ADDRESS	31 LINDEN SHORES
CITY-ST-ZIP	MADISON, CT 06443
TITLE	VP
NAME	WILL, JEFFREY S
STREET ADDRESS	2524 DUNNAM DR
CITY-ST-ZIP	RICHMOND, VA 23233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 : changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L E Crowder V-P 3/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #