2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000014713

Address:

City-St-Zip:

1344 TRUMAN PLACE

AMES, IA 50010

Entity Name: ICON LABORATORIES, INC.

FILED Mar 19, 2008 Secretary of State

	iidi 10014 EXBOTOX	1010E0, 1140.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
STE 203	TOWN PARKWAY S MOINES, IA 50266	S US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
STE 203	TOWN PARKWAY S MOINES, IA 50266	3 US			
FEI Number:	59-3157357 FEI	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
LANFORD, J S 3125 W NEW HAVEN STE 200 MELBOURNE, FL 32904 US				LANFORD, J S 903 E STRAWBRIDGE AVE MELBOURNE, FL 32901 US	
	named entity submit of Florida.	s this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				03/19/2008	
	Electronic Sig	nature of Registered Age	ent	Date	
Election Can	npaign Financing Trust	Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () Delete GRAU, ALAN 1344 TRUMAN PLACE AMES, IA 50010		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete GRAU, ALAN 1344 TRUMAN PLACE AMES, IA 50010		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	P () Delete GRAU. ALAN		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ALAN GRAU PRES 03/19/2008