



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000078796 1. Entity Name INTERNATIONAL COOPERATIVE CONSULTANTS, INC.						<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 0.8em;">05 MAY -3 AM 8:49</div> <div style="font-size: 0.7em;">TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 32700 US HIGHWAY 19 N PALM HARBOR, FL 34684				Mailing Address 32700 US HIGHWAY 19 N PALM HARBOR, FL 34684			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
4. FEI Number 59-3210157				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301				Name U.C.C. Filing & Search Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue City Tallahassee			
				FL			
				Zip Code 32301			
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 <u>Alison Hand, ASST sec</u> 1CC885 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PLANES, WILLIAM SR 854 CYPRESS LAKEVIEW CT TARPON SPRINGS, FL 34689			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PLANES, WILLIAM II 4775 COLLINS AVE #1505 MIAMI BEACH, FL 33140			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400054667234 05/17/05--01025--016 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, ROBERT A SR 9875 MILTON COURT DOUGLASVILLE, GA 30135			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PLANES, REGINA M 854 CYPRESS LAKE VIEW CT TARPON SPRINGS, FL 34689			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTC NOLL, DEBORAH 4168 AMBER LANE PALM HARBOR, FL 34685			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Sec/D Langfred White 2094 Ashbury Drive Clearwater, FL 33764		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Langfred W. White</u> 4/26/2005 727-781-9885 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			