

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 017 ***150.00

DOCUMENT # P93000078796					
1. Entity Name INTERNATIONAL COOPERATIVE CONSULTANTS, INC.					
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 32801 US Hwy 19 N.		3. Mailing Address 32801 US Hwy 19 N			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <input type="checkbox"/> Delete 854 CYPRESS LAKE VIEW CT TARPON SPRINGS, FL 34689		TITLE NAME STREET ADDRESS CITY-ST-ZIP	32801 U.S. Highway 19 North <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 100 Palm Harbor, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PLANES, WILLIAM II <input type="checkbox"/> Delete 4775 COLLINS AVE #1505 MIAMI BEACH, FL 33140		TITLE NAME STREET ADDRESS CITY-ST-ZIP	32801 U.S. Highway 19 North <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 100 Palm Harbor, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP WHITE, LANGFRED <input type="checkbox"/> Delete 2004 ASHBURY DRIVE CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	32801 U.S. Highway 19 North <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 100 Palm Harbor, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PLANES, REGINA M <input type="checkbox"/> Delete 854 CYPRESS LAKE VIEW CT TARPON SPRINGS, FL 34689		TITLE NAME STREET ADDRESS CITY-ST-ZIP	32801 U.S. Highway 19 North <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 100 Palm Harbor, FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTC NOLL, DEBORAH <input checked="" type="checkbox"/> Delete 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: By: <u>Langfred W. White</u> as its Sr. Vice President 727-781-9885					