2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 08:00 AM Secretary of State

1. Entity Nan	MENT # P9400002911 I-COMM OF ORLANDO INC.	38		A CONTRACTOR OF THE CONTRACTOR			
Principal Plac 2132 PICKE ORLANDO, F	π	Mailing Address 2132 PICKETT ORLANDO, FL 32808		} (um@xxm@x xxm ia	1777 - 1787 1787 1887 1887 1	SOON FISSIN 1985SA FINNSK INKON (BYLKNIK) IL KUNUR	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03252008 4. FEI Number 59-18624 5. Certificate of	1	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
HERON, FRANK 2132 PICKETT ORLANDO, FL 32808				DO NOT WRITE IN THIS SPACE			
The above named entity submits this statement for the purpose of changing its registered office or rethe obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title it applicable. (NOTE: Registered Agent signature)					in the State of Florid	la I am familiar with, and accept	
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be ided to Fees			
TO. HILE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI PD HERON, FRANIC 2732 PICKLOTT ORLANDO, FL	ECTORS .			U000005 05/03/06-8	23272 0063-013 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TURESS			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITCE							
name Street address City-St-Zip			:	1			
12. I hereby of indicated of the coordinated.	perify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with a	filing does not qualify for the exe and accurate and that my signal ed to execute this report as requi all other-like empowered.	emptions contains ture shall have the red by Chapter 60	ed in Chapter 119 Fe same legal effect a 07, Florida Statutes:	forida Statutes. I tur s if made under oat and that my name a	ther certify that the information h, that I am an officer or director ppears in Block 10 or Block 11 if	

SIGNATURE AND TYPES OFFRINTED NAME OF STOMMS OFFICER OR DIRECTOR

SIGNATURE: _