

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000038433

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ICELAND PRIME TECHNOLOGIES, INC.

**Current Principal Place of Business:**

ISLENSKIR ADALVERKTAKAR HF  
HOFDABAKKI 9  
110 REYKJAVIK, ICELAND, IC

**New Principal Place of Business:**

**Current Mailing Address:**

ISLENSKIR ADALVERKTAKAR HF  
HOFDABAKKI 9  
110 REYKJAVIK, ICELAND, IC

**New Mailing Address:**

FEI Number: 65-0594585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PALSSON, MAGNUS  
5828 SW 89 TERRACE  
COOPER CITY, FL 33328      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: PALSSON, GUDMUNDUR  
Address: LANGAMYRI 11  
City-St-Zip: 210 GARDABAER, ICELAND, IC

Title: PTD      ( ) Delete  
Name: FRIDFINNSSON, STEFAN  
Address: LAUGARASVEGUR 37  
City-St-Zip: REYKJAVIK, IC

Title: VSD      ( ) Delete  
Name: THORS, BJARNI  
Address: HOFEDRDUM 22  
City-St-Zip: SELTJARNARNESI, IC

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: GUDMUNDUR PALSSON

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date