

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080646

FILED
Jan 05, 2005
Secretary of State

Entity Name: INTERNATIONAL CREATIVE CONCEPTS, INC.

Current Principal Place of Business:

985 STORYBOOK LANE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

985 STORYBOOK LANE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3275257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, H. CLAY IV
108 E HILLCREST ST
ORLANDO, FL 32801 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: BAXTER, DOUGLAS J
Address: 985 STORYBOOK LANE
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: BAXTER, TRACY E
Address: 985 STORY BOOK LN
City-St-Zip: OVIEDO, FL 32765

Title: V () Delete
Name: SLOAN, FRANK V
Address: 510 KELLY GREEN ST.
City-St-Zip: OVIEDO, FL 32765

Title: ST () Delete
Name: SLOAN, CINDY
Address: 510 KELLY GREEN ST
City-St-Zip: OVIEDO, FL 32765

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUG BAXTER

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date