2007 FOR PROFIT CORPORATION

Feb 19, 2007 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P94000086098 1. Entity Name I.C. INVESTMENTS, INC. Principal Place of Business Mailing Address 2640 GOLDEN GATE PKY 2640 GOLDEN GATE PKY **SUITE 102 SUITE 102** NAPLES, FL 34105 NAPLES, FL 34105 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0535153 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURRAY, THOMAS D DO NOT WRITE 2640 GOLDEN GATE PKY **SUITE 102** IN THIS SPACE NAPLES, FL 34105 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. Signature, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITI F NAME MURRAY, THOMAS D STREET ADDRESS 2640 GOLDEN GATE PKWY, #102 U00000639710 CITY-ST-ZIP NAPLES, FL 34105 02/28/07-80036-018 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of 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 wit

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED