


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000094239
1. Entity Name
I.C.T. INVESTMENT PROPERTIES, INC.



Principal Place of Business
1111 KANE CONCOURSE
502 CONCOURSE PLAZA
BAY HARBOR ISLAND, MIAMI, FL 33154

Mailing Address
1111 KANE CONCOURSE
201 CONCOURSE PLAZA
BAY HARBOR ISLAND, MIAMI, FL 33154



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0543702

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WIESCHOLEU, MARTIN
1111 KANE CONCOURSE
502 CONCOURSE PLAZA
BAY HARBOR ISLAND, MIAMI, FL 33154

DO NOT WRITE IN THIS SPACE

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. **\$5.00 May Be Added to Fees**

U00000521571
05/02/06-80141-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WIESCHOLEK, MARTIN 1111 KANE CONCOURSE, 502 BAY HARBOR ISLAND, MIAMI, FL 33154
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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: _____ *Wiescholek* *Pres* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #