

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033528

Entity Name: LICOM TECHNOLOGIES, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

2244 SE FEDERAL HWY, SUITE 164
STUART, FL 34994

New Principal Place of Business:

5108 SE SWEETBRIER TERRACE
HOBESOUND, FL 33455

Current Mailing Address:

P.O. BOX 310
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 65-0683424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, C S
2244 SE FERDERAL HWY. SUITE 164
STUART, FL 34994 US

Name and Address of New Registered Agent:

POWELL, C S
5108 SE SWEETBRIER TERRACE
HOBE SOUND, FL 33455 US

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

04/24/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: POWELL, L A
Address: 2244 SE FERDERAL HWY, SUITE 164
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change () Addition
Name: POWELL, L A
Address: P.O. BOX 310
City-St-Zip: HOBE SOUND, FL 33475

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: C. S. POWELL

Electronic Signature of Signing Officer or Director

MR

04/24/2009

Date