## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					دُلُالَانِ 20 مرده					
DQCUMENT # P97000042789  1. Entity Name ICC BUSINESS CREDIT, INC.					FILED  OS APR 29 PM 2: 10					
Principal Place of Business 32700 US HIGHWAY 19 N. PALM HARBOR, FL 34684		Mailing Address 32700 US HIGHWAY 19 N. PALM HARBOR, FL 34684			SECHETASSEE, FLORIDA TALLAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04122005	Chg-P	CR2E	034 (10/03)		
City & State		City & State		-	4. FEI Number 59-3497153				plied For t Applicable	
Zip Country		Zip Cour		5. Certificate of Status Desir			Fee Required			
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street A	Name U.C.C. Filing & Search Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue  CityTallahassee  FL Zin Code 32301						
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.  SIGNATURE  Signature, typed or plinted name of registered agent and title if applicable.  (NOTE: Registered Agent signature required  PLE NOW!!! FEE IS \$150.00  9. Election Campaign Financing  \$5.					ed agent, or bo		of Florida. I an		and accept	
10. OFFICERS AND I		TORS	11.		ADDITIONS/	CHANGES TO	OFFICERS AN	ID DIRECTORS	S IN 11	
TITLE VP NAME PLANES, WILLIA STREET ADDRESS 32700 U.S. HWY PALM HARBOR,	AM SR (. 19 N.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	She 473	e Presi awn K. 5 Mill Port F	dent - Brown Run Dr	MIS ive	☐ Change	<b>X</b> Addition	
NAME WARGULIES, RESTREET ADDRESS CITY-ST-ZIP TARPON SPRIN	AKEVIEW CT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		05/10/	/050104	2049 9003	<b>  tij lip</b> iange   **150.0	Addition	
TITLE VP NAME PLANES, WILLIA STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, F	VE #1505	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
NAME SSVP WHITE, LANGFF STREET ADDRESS CITY-ST-2P CLEARWATER,	DRIVE	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition .	
TITLE ASTC  NAME NOLL, DEBORAL  STREET ADDRESS 4168 AMBER LA  CITY-ST-ZIP PALM HARBOR,	NE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the inform	oting complied with state fire	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 d (= 0	440.07/20	3 Chair 01		☐ Change	Addition	

12. I nereby certify that the information supplied with this filling does not qualify 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 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: By:

Langfred W. White

SIGNATURE AND TIPPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SACRATARY

Date

Da