
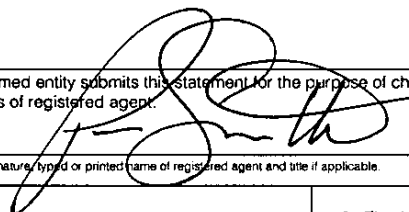
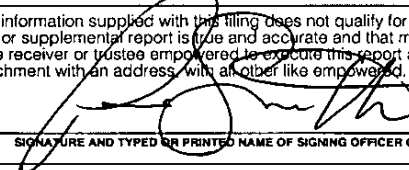


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90021 007 ***550.00

DOCUMENT # P98000091172 1. Entity Name INFORMATION CONSULTANTS, INC.																													
Principal Place of Business 1515 N UNIVERSITY DRIVE #114C CORAL SPRINGS, FL 33071			Mailing Address 1515 N UNIVERSITY DRIVE #114C CORAL SPRINGS, FL 33071																										
2. Principal Place of Business 3325 Hollywood Blvd Suite, Apt. #, etc. Suite # 401		3. Mailing Address 3325 Hollywood Blvd Suite, Apt. #, etc. Suite 401																											
City & State Hollywood FL		City & State Hollywood FL		4. FEI Number 65-0873052																									
Zip 33021		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SMITH, PIERRE A 1515 N UNIVERSITY DRIVE #114C CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Pierre A. Smith Street Address (P.O. Box Number is Not Acceptable) 3325 Hollywood Blvd Suite # 401 City Hollywood FL 33021																									
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  DATE 5.21.05 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">SMITH, PIERRE A</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1515 N UNIVERSITY DRIVE #114C</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">PEMBROKE PINES, FL 33023</td> </tr> </table>			TITLE	PSTD	<input type="checkbox"/> Delete	NAME	SMITH, PIERRE A		STREET ADDRESS	1515 N UNIVERSITY DRIVE #114C		CITY - ST - ZIP	PEMBROKE PINES, FL 33023		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">SMITH, PIERRE A</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3325 Hollywood Blvd, #401</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">Hollywood FL 33021</td> </tr> </table>			TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SMITH, PIERRE A		STREET ADDRESS	3325 Hollywood Blvd, #401		CITY - ST - ZIP	Hollywood FL 33021	
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12. I hereby certify that the information supplied with this filing 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: 				Date 5.21.05 954.989.3704 <small>Daytime Phone #</small>																									