

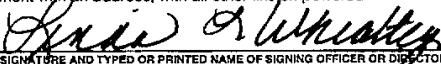


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000019115				
1. Entity Name ICON MORTGAGE CORP.				
Principal Place of Business 5824 U.S. 19 #A NEW PORT RICHEY, FL 34652		Mailing Address 5824 U.S. 19 #A NEW PORT RICHEY, FL 34652		
DO NOT WRITE IN THIS SPACE		 06292005 No Chg-P CR2E034 (10/03)		
		4. FEI Number 59-3561932		
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WHEATLEY, LINDA L 5824 U.S. 19 #A NEW PORT RICHEY, FL 34652		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 \$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		DO NOT WRITE IN THIS SPACE 000000370264 07/05/05-80009-017 550.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEATLEY, LINDA L 5824 U.S. 19 #A NEW PORT RICHEY, FL 34652			
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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: 		7/1/05 722-849-7909 Date Daytime Phone #		