2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000019115 1. Entity Name ICON MORTGAGE CORP. Principal Place of Business Mailing Address	
5824 U.S. 19 #A NEW PORT RICHEY, FL 34652 5824 U.S. 19 #A NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652	S CHRONERS OUR CRIES SAIN RENS RENS RENS RENS REND TO THE RENES CHEES HERE TO THE PROPERTY IN
DO NOT WRITE IN THIS SPACE	01102006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3561932 Not Applied 50 Not A
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 affice or registered agent, or both, in the State of Florida. I am familiar with, and ecceptive obligations of registered agent. SIGNATURE Standard hyper or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relvetaing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing	
10. OFFICERS AND DIRECTORS TITLE D NAME WHEATLEY, LINDA L STREET ADDRESS 5824 U.S. 19 #A CITY-ST-ZIP NEW PORT RICHEY, FL 34652	
TITLE NAME STREET ADDRESS CNTY-ST-ZIP	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling 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 changed, or on an attackment with an address, with all other like empowered.	
SIGNATURE: 1/17/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days On Days One Phone #	