


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000049757</b> 1. Entity Name ICON CONSULTANT GROUP, INC.	
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Principal Place of Business 10006 N DALE MABRY HWY 201 TAMPA, FL 33618	Mailing Address 10006 N DALE MABRY HWY 201 TAMPA, FL 33618
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**DO NOT WRITE IN THIS SPACE**



02212006 No Chg-P CR2E034 (11/05)

4. FSI Number  
59-3576100

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MILLS, MICHAEL  
16914 MELISSA ANN DRIVE  
LUTZ, FL 33558

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEBRE, MANUEL 10006 N DALE MABRY HWY STE 201 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, MICHAEL 10006 N. DALE MABRY HWY STE 201 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLUCCIA, ANGELO 10006 N DALE MABRY HWY STE 201 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, DENNIS 10006 N DALE MABRY HWY STE 201 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

1680001448554  
02/04/06-WJ018-013 158.75

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **02/22/06 813.9628**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #