

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064443

Entity Name: ICU INVESTIGATIONS INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

4321 CHARING CROSS RD
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

P O BOX 1062
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-0946818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAUGHTON, PRISCILLA
4321 CHARING CROSS RD
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAUGHTON, PRISCILLA
Address: 4321 CHARING CROSS RD
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: MONTEFUSCO, JOHN
Address: P O BOX 1062
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: NAUGHTON, PRISCILLA
Address: 4321 CHARING CROSS RD
City-St-Zip: SARASOTA, FL 34241

Title: D (X) Change () Addition
Name: MONTEFUSCO, JOHN
Address: P O BOX 1062
City-St-Zip: OSPREY, FL 34229

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRISCILLA NAUGHTON

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date