2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # S08431 **Secretary of State** 1. Entity Name INTERNATIONAL INVESTMENT COUNSEL, INC. Principal Place of Business Mailing Address P.O. DRAWER 12684 P.O. BOX 1330 PENSACOLA FL 32574-2684 US FT. WALTON BEACH FL 32549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEi Number City & State City & State Applied For 59-3040167 Not Applie. Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWEIZER, JEFFERY L Street Address (P.O. Box Number is Not Acceptable) 31 BAY DRIVE, SE FT. WALTON BEACH FL 32548 City Zip Code 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 according to the state of Florida. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agont and title it applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDÍTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete THILE ☐ Change ☐ A.S. NAME SCHWEIZER, JEFFERY L. NAME STREET ADDRESS STREET ADDRESS 31 BAY DRIVE, SE COTY-ST-ZVP FT. WALTON BEACH FL 32548 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Ad-10010001991252 NAME NAME 01/24/06-80033-012 150.00 STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete DILE Ani NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Dejeje TITLE Change □ A. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Āiā NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-ZIP CITY-ST-ZIP 7)T) F Delete TITLE ☐ Change □ A... NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-20P CATY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accorage and that my signature shall have the same legal effect as it made under oath, that I am an officer or directly of the corporation or the repeiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block

SIGNATURE:

of the corporation or the receiver or trustee empowered to if changed, or on an attachiment with an address, with all

FILED

Jan 20, 2006 08:00 AM