2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S39925

FILED Apr 15, 2005 Secretary of State

Entity Name: INTERCONTINENTAL WARRANTY SERVICES, INC.

	Current Principal Place of Business:				New Principal Place of Business:		
	LSBORO BLVI LD BEACH, FL		US				
urrent N	lailing Addres	s:		New Mailing Ad	New Mailing Address:		
00 W HIL	LSBORO BLVI	D #250					
TE 250 EERFIEL	LD BEACH, FL	33441	US				
El Number	: 65-0276779	FEI Num	nber Applied For ()	FEI Number Not Applicable (() Certificate of Status Desired ()		
ame and	d Address of C	urrent R	egistered Agent:	Name and Addr	ess of New Registered Agent:		
O BOX 6 00 E. GA	NANCIAL OFFI 6200 (32314-62 INES ST SSEE, FL 3239	.00)	JS				
	e named entity s e of Florida.	submits th	nis statement for the	purpose of changing its regi	stered office or registered agent, or both,		
GNATUI							
	Electron	ic Signati	ure of Registered A્	gent	Date		
ection Ca	mpaign Financing	g Trust Fur	nd Contribution ().				
FFICER	S AND DIREC	TORS:		ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTOR		
le:	` '	Delete		Title:	() Change () Addition		
dress:	TOTTEN, PATR 831 NW 84TH I CORAL SPRING	OR .	071	Name: Address: City-St-Zip:			
me: dress: y-St-Zip: le: me: dress: y-St-Zip:	831 NW 84TH D	OR GS, FL 330 Delete LIAM J 'EN DR	071	Address:	()Change ()Addition		
dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress:	831 NW 84TH I CORAL SPRING TVF () ANDREW, WILI 2408 NEW HAV NAPERVILLE, I	DR Delete LIAM J ZEN DR L 60564 Delete D B	071	Address: City-St-Zip: Title: Name: Address:	()Change ()Addition ()Change ()Addition		
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dress: y-St-Zip: e: me: dress:	831 NW 84TH E CORAL SPRING TVF () ANDREW, WILI 2408 NEW HAV NAPERVILLE, I VA () HESS, RICHAR 809 GRANT ST BARTLETT, IL VP () TORRES, SANE 15470 SW 1557 MIAMI, FL	DR GS, FL 330 Delete LIAM J ZEN DR L 60564 Delete D B 60103 Delete DRA TH AVE Delete DY L DCT	071	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	()Change()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Flacture is Commented at Commission Office and Princeton		D-1-
SIGNATURE: PATRICK P TOTTEN	PRES	04/15/2005