


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # V08296
 1. Entity Name
ICORR PROPERTIES INC.



Principal Place of Business
2 NO TAMiami TR
STE 210
SARASOTA, FL 34236 US

Mailing Address
2 NO TAMiami TRAIL
STE 210
SARASOTA, FL 34236 US



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0314218

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WOLF, RON H
C/O ICORR
2 N. TAMiami TRAIL, STE. 210
SARASOTA, FL 34236

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000529061
 05/05/06-80062-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	WOLF, NORTON
STREET ADDRESS	700 RICHMOND STREET, STE. 410
CITY-ST-ZIP	LONDON, ONTARIO, CAN.
TITLE	PS
NAME	WOLF, RON
STREET ADDRESS	2N. TAMiami TR., STE. 210
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	AVP
NAME	YATES, NANCY L
STREET ADDRESS	2 NORTH TAMiami TRAIL., STE. #8
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	AVP
NAME	HALL, JOAN
STREET ADDRESS	700 RICHMOND STREET., STE. 410
CITY-ST-ZIP	LONDON, ONTARIO, n6a5c7
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Yates **NANCY YATES** 4-17-06 941-954-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #