2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with ar

SIGNATURE:

FILED May 02, 2005 08:00 AM Secretary of State **DOCUMENT # V26955** 1. Entity Name I.C.S. COMPUTERS, INC. Principal Place of Business Mailing Address 611 W SOUTH PARK ST 611 W SOUTH PARK ST OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 US 04272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0330752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHARTIER, RICHARD E. DO NOT WRITE 611 SW PARK ST OKEECHOBEE, FL 34974 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE CHARTIER, RICHARD E NAME STREET ADDRESS 611 W SOUTH PARK ST CITY-ST-ZIP OKEECHOBEE, FL 34974 TITLE 05/**03/05**-80133-017 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITIF IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR