


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90024 034 ***150.00

DOCUMENT # P04000161432

1. Entity Name
I.C. RESULTS, INC.



Principal Place of Business
**4316 NW 48TH ST.
 108
 GAINESVILLE, FL 32606**

Mailing Address
**4316 NW 48TH ST.
 108
 GAINESVILLE, FL 32606**

2. Principal Place of Business
6110 NW 33rd Terrace

3. Mailing Address
6110 NW 33rd Terrace

Suite, Apt. #, etc.

City & State
Gainesville FL


City & State
Gainesville, FL

Zip
32653

Country
USA

Zip
32653

Country
USA



04052006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1983676

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FROHLICH, KEITH W
 4316 NW 48TH ST.
 108
 GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent

Name
Keith W. Frohlich

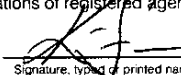
Street Address (P.O. Box Number is Not Acceptable)
6110 NW 33rd Terrace

City
Gainesville

State
FL

Zip Code
32653

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 **April 5, 2006**

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

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FROHLICH, KEITH W		NAME Keith W. Frohlich	
STREET ADDRESS 4316 NW 48TH ST. UNIT 108		STREET ADDRESS 6110 NW 33rd Terrace	
CITY-ST-ZIP GAINESVILLE, FL 32606		CITY-ST-ZIP Gainesville, FL. 32653	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FROHLICH, KELLEY W		NAME	
STREET ADDRESS 4316 NW 48TH ST. UNIT 108		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE, FL 32606		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE **April 5, 2006** (352) 233-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #