

|                                                                                                                                                        |                   |                                                                                                                                                                                  |            |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------|---------|-------------|--|
| No. <b>C 151117</b>                                                                                                                                    |                   | <b>Due no later than Oct 31, 2006</b>                                                                                                                                            |            | <b>2. Registered Agent and Address (NO PO BOX)</b>  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>I 3 CONSULTING, INC.<br>KEN B DE VRIES<br>333 LOST TRAIL<br>ST MARIES ID 83861 |            | KEN DEVRIES<br>333 LOST TRAIL<br>ST MARIES ID 83861 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                  |            | 3. <u>New</u> Registered Agent Signature:*          |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                   |                                                                                                                                                                                  |            |                                                     |         |             |  |
| Office Held                                                                                                                                            | Name              | Street or PO Address                                                                                                                                                             | City       | State                                               | Country | Postal Code |  |
| PRESIDENT                                                                                                                                              | KEN B DE VRIES    | 333 LOST TRAIL                                                                                                                                                                   | ST. MARIES | ID                                                  | USA     | 83861       |  |
| SECRETARY                                                                                                                                              | YVONNE A DE VRIES | 333 LOST TRAIL                                                                                                                                                                   | ST. MARIES | ID                                                  | USA     | 83861       |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>C 151117</b>                                                                                       |                   | 6. Annual Report must be signed.*<br>Signature: Ken De Vries<br>Name (type or print): Ken De Vries<br>Date: 10/05/2006<br>Title: President                                       |            |                                                     |         |             |  |
| Processed 10/05/2006                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                        |            |                                                     |         |             |  |