

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F96000000750

FILED
Jul 16, 2009
Secretary of State**Entity Name:** ISLAND OASIS FROZEN COCKTAIL CO., INC.**Current Principal Place of Business:**141 NORFOLK ST
WALPOLE, MA 02081 US**New Principal Place of Business:****Current Mailing Address:**141 NORFOLK ST
WALPOLE, MA 02081 US**New Mailing Address:****FEI Number:** 04-2818962**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: J. MICHAEL
Address: 2 CURTIS CIRCLE
City-St-Zip: WINCHESTER, MA 01890 US

Title: D () Delete
Name: J. EDWARD
Address: 14 PATRICIA AVE
City-St-Zip: MILTON, MA 02186 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERBERT, J. MICHAEL
Address: 2 CURTIS CIRCLE
City-St-Zip: WINCHESTER, MA 01890 US

Title: D (X) Change () Addition
Name: HERBERT, J. EDWARD
Address: 14 PATRICIA AVE
City-St-Zip: MILTON, MA 02186 US

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

SIGNATURE: J. MICHAEL HERBERT

P

07/16/2009

Electronic Signature of Signing Officer or Director

Date