2008 FOR PROFIT CORPORATION

Mar 24, 2008 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P07000001130 03-24-2008 90056 015 ***150.00 1. Entity Name CENTRAL FLORIDA ICE MACHINES, INC. Principal Place of Business Mailing Address 4UUUAV~ 11360 NE 150TH LANE 11360 NE 150TH LANE FORT MCCOY, FL 32134 FORT MCCOY, FL 32134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-9218190 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRESIDENTIAL SERVICES INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 1217 CAPE CORAL PARKWAY #300 CAPE CORAL, FL 33904 Zip Code 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. Signature, typed or printed itsine of registered agent and title if applicable, (PICTE: Registered Agent signature required when revistating) 9. Election Campaign Hinancing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TOLE ☐ Delete TOTAL F ☐ Change ☐ Addition RINGER, DONALD NAME WAYE STREET ADDRESS 11360 NE 150TH LANE STREE! ADDRESS FORT MCCOY, FL 32134 CITY-SI-7P CHY-ST-7P HILE ☐ Delete HILF Change Change Addition NAME RINGER, LINDA VAME STREET ADDRESS 11360 NE 150TH LANE STREET ADDRESS FORT MCCOY, FL 32134 CiTY-SI-ZP CITY-SI-ZIP ITLE ☐ Delete: HILLE Change ☐ Addition NAME MANA STREE! ADDRESS STREET ALMRESS CHTY-ST-ZIP CITY-SI-AP TOLE ☐ Delete HILLE Change Addition MANA WANE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-SI-71P TITLE Defete mur Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZP CHY-SI-ZP

12. I horeby 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 eath; 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.

Ditt

NAME

STREET ADDRESS

CITY-ST-ZP

FITLE

STREET ADDRESS

CAY-ST- DP

☐ Delete

Change

Addition

FILED