

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003799

Entity Name: ICING SMILES, INC.

**Current Principal Place of Business:**

11418 IAGER BLVD  
FULTON, MD 20759

**FILED**  
**May 19, 2020**  
**Secretary of State**  
**8547196644CC**

**Current Mailing Address:**

4725 DORSEY HALL DR., #807  
ELLCOTT CITY, MD 21042

**FEI Number: 27-1158710**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            EXD  
Name            QUISENBERRY, TRACY  
Address        11418 IAGER BLVD  
City-State-Zip: FULTON MD 20759

Title            PRESIDENT, DIRECTOR  
Name            PYKLES-GEORGE, CHARITY  
Address        8921 MOISAN WAY  
City-State-Zip: LA MESA CA 91941

Title            DIRECTOR  
Name            HEAP, ANNE  
Address        1 ROLLING HILL DRIVE  
                  #101  
City-State-Zip: MORRISTOWN NJ 07960

Title            TREASURER, DIRECTOR  
Name            CHOW, STEPHANIE  
Address        12001 VENTURA BLVD.  
                  #622  
City-State-Zip: STUDIO CITY CA 91604

Title            D  
Name            STRAUSS, ELISA  
Address        14 SOUTH DR  
City-State-Zip: LARCHMONT NY 10538

Title            VP, DIRECTOR  
Name            GREENLAND, CATHY  
Address        214 ROCK GLEN RD.  
City-State-Zip: WYNNEWOOD PA 19096

Title            SECRETARY, DIRECTOR  
Name            MCVEIGH, JOHN PAUL  
Address        32 LEONE LANE  
City-State-Zip: CHESTER NY 10918

Title            DIRECTOR  
Name            SANDRIDGE, JONATHAN GRAY  
Address        3030 HEIDELBERG DR  
City-State-Zip: BOULDER CO 80305

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: TRACY QUISENBERRY**

**EXD**

**05/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           VON RAUTENKRANZ, WALTER EDUARD  
Address        13425 FORSYTHE RD  
City-State-Zip: SYKESVILLE MD 21784