

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003799

Entity Name: ICING SMILES, INC.

**Current Principal Place of Business:**

11418 IAGER BLVD  
FULTON, MD 20759

**Current Mailing Address:**

7500 MONTPELIER ROAD  
#345 SUITE 105  
LAUREL, MD 20723 US

FEI Number: 27-1158710

Certificate of Status Desired: No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 DIRECTOR  
Name STRAUSS, ELISA NICOLE  
Address 14 SOUTH DR  
City-State-Zip: LARCHMONT NY 10538

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

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

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

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

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

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

*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: JOHN PAUL MCVEIGH

SECRETARY

04/26/2023

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

\_\_\_\_\_  
Date