

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003799

Entity Name: ICING SMILES, INC.

Current Principal Place of Business:

11418 IAGER BLVD
FULTON, MD 20759

FILED
Apr 23, 2022
Secretary of State
1630312849CC

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:

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

Title D
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 KHOOBIAR
Address 1 ROLLING HILL DRIVE #101
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. #622
City-State-Zip: STUDIO CITY CA 91604

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: STEPHANIE CHOW

DIRECTOR

04/23/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT DIRECTOR
Name GRIFFITHS, KAREN J
Address 1229 HAMPSHIRE AVENUE N
City-State-Zip: GOLDEN VALLEY MI 55427