

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003799

Entity Name: ICING SMILES, INC.

Current Principal Place of Business:

14894 MICHELE DR.
GLENELG, MD 21737

FILED
Jan 25, 2016
Secretary of State
CC0472789283

Current Mailing Address:

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

FEI Number: 27-1158710

Certificate of Status Desired: Yes

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 P
Name WILKINS, RYAN
Address 259 KASTLEKOVE DR.
City-State-Zip: LEWIS CENTER OH 43035

Title EXD
Name QUISENBERRY, TRACY
Address 14894 MICHELE DR.
City-State-Zip: GLENELG MD 21737

Title D
Name STRAUSS, ELISA
Address 420 WEST END AVENUE, APT.8A
City-State-Zip: NEW YORK NY 10024

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

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

Title D
Name BROOKS, EDWARD
Address 2230 SW 27TH AVE., APT.1103
City-State-Zip: MIAMI FL 33133

Title OTHER
Name BORK, CHRISTOPHER
Address 9511 WILLIAM LITTLE DR
City-State-Zip: LAKELAND TN 38002

Title VP
Name GRIMM, KIM
Address 14340 TRIADELPHIA MILL RD
City-State-Zip: DAYTON MD 21036

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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

EXECUTIVE DIRECTOR

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HEAP, ANNE
Address 8 EAST MAIN STREET
 #101
City-State-Zip: DENVILLE NJ 07834