

**2018 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:**

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

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

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

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

Title            DIRECTOR  
Name            WILKINS, RYAN  
Address        259 KASTLEKOVE DRIVE  
City-State-Zip: LEWIS CENTER OH 43035

*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

SECRETARY

03/04/2018

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

\_\_\_\_\_  
Date