

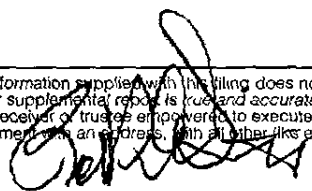


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 460274		
1. Entity Name HOLIDAY ICE, INC.		
Principal Place of Business 204 SHORT STREET LONGWOOD, FL 32750		Mailing Address 204 SHORT STREET LONGWOOD, FL 32750
DO NOT WRITE IN THIS SPACE		
		
04032006 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-1546207		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent		
ARMSTRONG, RAYMOND R 630 TUSCARORA TR. ORLANDO, FL MAITLAND, FL 32751		DO NOT WRITE IN THIS SPACE
6. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMSTRONG, RAYMOND 630 TUSCARORA TR. MAITLAND, FL 32751	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment to this address, with all other files empowered.		
SIGNATURE:  RAYMOND R. ARMSTRONG 3/31/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

000000493899
04/20/06-80025-001 150.00

**DO NOT WRITE
IN THIS SPACE**