## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 633577** 

Entity Name: MARKET REFRIGERATION INC.

FILED Jan 11, 2007 Secretary of State

Littly Na	IIIE. WARRET	REI RIGERATION, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	LUMBUS AVE RNE, FL 3290°	I			
Current Mailing Address:			New Mailing Address	s:	
	LUMBUS AVE RNE, FL 3290°	1			
FEI Number	: 59-1928637	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
FRESE NAME 930 S HAF	ON, J PATRICH ASH & TORPY RBOR CITY BL RNE, FL 3290°	PA VD STE 505			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	* '		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( SCHULTZ, REE 911 E. COLUM MELBOURNE,	BUS AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P ( MORRISON, W 911 E. COLUM MELBOURNE,	BUS AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	s (	) Delete	Title	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM A. MORRISON P 01/11/2007

MORRISON, CINTHIA S

911 E COLUMBUS AVE

MELBOURNE, FL 32901

Name:

Address:

City-St-Zip: