

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90050 043 ***158.75

DOCUMENT # F02000004248					
1. Entity Name ARCTIC ICE SHOTS, INC.					
Principal Place of Business 4380 ST. JOHN'S PARKWAY SUITE 100 SANFORD, FL 32771			Mailing Address 4380 ST. JOHN'S PARKWAY SUITE 100 SANFORD, FL 32771		
2. Principal Place of Business 4100 MAVERICK COURT Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 470339 Suite, Apt. #, etc.			
City & State SANFORD FL		City & State LAKE MOORE, FL		4. FEI Number 06-1622786	
Zip 32771		Country SEMINOLE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PELOSO, GEORGE M 4380 ST. JOHN'S PARKWAY SUITE 100 SANFORD, FL 32771		7. Name and Address of New Registered Agent Name: GEORGE M. PELOSO Street Address (P.O. Box Number is Not Acceptable): 4100 MAVERICK COURT City: SANFORD FL Zip Code: 32771			
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT	NAME PELOSO, GEORGE M		TITLE PRESIDENT	NAME GEORGE M. PELOSO	
STREET ADDRESS 4380 ST. JOHN'S PARKWAY SUITE 100	CITY-ST-ZIP SANFORD, FL 32771		STREET ADDRESS 4100 MAVERICK COURT	CITY-ST-ZIP SANFORD, FL 32771	
TITLE VS	NAME PELOSO, DONNA M		TITLE VICE PRESIDENT	NAME DONNA M. PELOSO	
STREET ADDRESS 4380 ST. JOHN'S PARKWAY SUITE 100	CITY-ST-ZIP SANFORD, FL 32771		STREET ADDRESS 4100 MAVERICK COURT	CITY-ST-ZIP SANFORD, FL 32771	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		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 with an address, with all other like empowered.					
SIGNATURE:			3/8/06		407 302 6155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #