

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000648

FILED
Apr 24, 2008
Secretary of State

Entity Name: FROSTBYTE INTERACTIVE, INC.

Current Principal Place of Business:

10661 NW 17TH PL
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 451947
SUNRISE, FL 333451947

New Mailing Address:

7260 NW 25TH ST
CMB#4205
MIAMI, FL 33122

FEI Number: 98-0522488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOSINE, JUSTIN
10661 NW 17TH PL
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

GOSINE, JUSTIN
7260 NW 25TH ST
CMB#4205
MIAMI, FL 33122 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: JUSTIN GOSINE

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DO () Delete
Name: GOSINE, JUSTIN
Address: P.O.BOX 451947
City-St-Zip: SUNRISE, FL 333451947

Title: D () Delete
Name: GOSINE, TROY
Address: P.O.BOX 451947
City-St-Zip: SUNRISE, FL 333451947

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DO (X) Change () Addition
Name: GOSINE, JUSTIN
Address: 7260 NW 25TH ST, CMB#4205
City-St-Zip: MIAMI, FL 33122

Title: D (X) Change () Addition
Name: GOSINE, TROY
Address: 10661 NW 17TH PL
City-St-Zip: PLANTATION, FL 33322

Title: D () Change (X) Addition
Name: GOSINE, NEIL
Address: 7260 NW 25TH ST, CMB#4205
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JUSTIN GOSINE

DO

04/24/2008

Electronic Signature of Signing Officer or Director

Date