

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005612

FILED
Apr 14, 2009
Secretary of State

Entity Name: ISLAND SLUSH, INC.

Current Principal Place of Business:

5036 DR. PHILLIPS BLVD., STE. 182
ORLANDO, FL 32819

New Principal Place of Business:

841 WORCESTER RD
SUITE 322
NATICK, MA 01760

Current Mailing Address:

5036 DR. PHILLIPS BLVD., STE. 182
ORLANDO, FL 32819

New Mailing Address:

841 WORCESTER RD
SUITE 322
NATICK, MA 01760

FEI Number: 83-0490159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THERIAQUE, JEFF
5036 DR. PHILLIPS BLVD., STE. 182
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

THERIAQUE, JEFF
3060 MERIDIAN WAY
UNIT 10
PALM BEACH GARDENS, FL 33410 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:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: THERIAQUE, JEFF
Address: 5036 DR. PHILLIPS BLVD., STE. 182
City-St-Zip: ORLANDO, FL 32819

Title: DTS () Delete
Name: THERIAQUE, JANICE
Address: 5036 DR. PHILLIPS BLVD., STE. 182
City-St-Zip: ORLANDO, FL 32819

Title: V () Delete
Name: D'AMBRA, MICHAEL
Address: 5036 DR. PHILLIPS BLVD., STE. 182
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP (X) Change () Addition
Name: THERIAQUE, JEFF
Address: 841 WORCESTER RD
City-St-Zip: NATICK, MA 01760

Title: DTS (X) Change () Addition
Name: THERIAQUE, JANICE
Address: 841 WORCESTER RD
City-St-Zip: NATICK, MA 01760

Title: V (X) Change () Addition
Name: D'AMBRA, MICHAEL
Address: 841 WORCESTER RD
City-St-Zip: NATICK, MA 01760

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: JEFF THERIAQUE

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date