

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001887

FILED
May 01, 2012
Secretary of State

Entity Name: BE ICED, INC.

Current Principal Place of Business:

108 FIRST AVENUE EAST
SUITE B
SHAKOPEE, MN 55379

New Principal Place of Business:

Current Mailing Address:

108 FIRST AVENUE EAST
SUITE B
SHAKOPEE, MN 55379

New Mailing Address:

FEI Number: 20-0800163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: POMIJE, DAVID
Address: 108 FIRST AVENUE EAST #B
City-St-Zip: SHAKOPEE, MN 55379

Title: D
Name: THOMAS, LAWRENCE
Address: 108 FIRST AVENUE EAST #B
City-St-Zip: SHAKOPEE, MN 55379

Title: D
Name: HELM, DWIGHT E
Address: 108 FIRST AVENUE EAST #B
City-St-Zip: SHAKOPEE, MN 55379

Title: TD
Name: MILEUSNIC, GEORGE
Address: 108 FIRST AVENUE EAST #B
City-St-Zip: SHAKOPEE, MN 55379

Title: CFO
Name: MARTIN, JEFFREY F
Address: 108 FIRST AVENUE EAST #B
City-St-Zip: SHAKOPEE, MN 55379

Title: D
Name: BOYAJIAN, WILLIAM
Address: 108 FIRST AVENUE EAST #B
City-St-Zip: SHAKOPEE, MN 55379

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY F. MARTIN

CFO

05/01/2012

Electronic Signature of Signing Officer or Director

Date