

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # F99000001462
1. Entity Name
PREMIUM ICE CREAM OF AMERICA, INC.



Principal Place of Business Mailing Address
**372A ST ARMANDS CIRCLE
SARASOTA, FL 34236 US** **100 APPLE TREE LANE
CLIFTON PARK, NY 12065 US**

DO NOT WRITE IN THIS SPACE



02112006 No Chg-P CRZE034 (11/05)

4. FEI Number 14-1803924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HAMERLING, BARRY
4830 TALLOWOOD LANE
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000465603
03/22/06-80042-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HAMERLING, BARRY 4830 TALLOWOOD LANE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV JOYNT, F. WILLIAM 19 WALDEN FIELD DRIVE DELMAR, NY 12054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSENFELD, PETER 100 APPLETREE LANE CLIFTON PARK, NY 12065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____ **3/5/06** **518 356-7191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #