2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# G04615

Entity Name: THE ICE CREAM CLUB, INC.

Current Principal Place of Business:

1580 HIGH RIDGE RD
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

1580 HIGH RIDGE RD
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 59-2214847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAMON, CONRAD, ESQUIRE
WARD, DAMON, POSNER
4420 BEACON CR #100
WEST PALM BEACH, FL 33407 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DRAPER, RICHARD D.,	
Address:	1580 HIGH RIDGE ROAD	
City-St-Zip:	BOYNTON BEACH, FL 33426	
Title:	SVD	( ) Delete
Name:	JACKSON, THOMAS D.,	
Address:	1984 WHITE CORAL WAY	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	HOECKER, JOHN J.,	
Address:	18969 S.E. WINDWARD ISLE LN	
City-St-Zip:	JUPITER, FL 33458	
Title:	VPD	( ) Delete
Name:	SCOTT, MIKE,	
Address:	7170 MICHIGAN ISLES RD	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	VPD	( ) Delete
Name:	PETTIFOR, GARY	
Address:	4160 CATALPHA AVE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: RICHARD D DRAPER PD 04/02/2009

Electronic Signature of Signing Officer or Director Date