2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90062 004 ***150.00

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01232006 Chg-P CR2E034 (11/05)

DOCUMENT # J16545

1. Entity Name
I.C.E. AIR-CONDITIONING, INC.

Principal Place of Business	Mailing Address
5307 EAST AVENUE BAY 11 MANGONIA PARK, FL 33407	5307 EAST AVENUE BAY 11 MANGONIA PARK, FL 33407

2. Principal Place of Business		3. Mailing Address	
1301 West 53rd St.		1301 West 53rd St.	
Suite, Apt. #, etc.: Suites 5 & 6		Suite, Apt. #, etc.: Suites 5 & 6	
City & State: Mangonia Park, Fl		City & State: Mangonia Park, FL	
Zip: 33407	Country: Palm Bch.	Zip: 33407	Country: Palm Bch.

4. FEI Number: 59-2685113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NICKOLSON, NICK
5307 EAST AVENUE
BAY 11
MANGONIA PARK, FL 33407

7. Name and Address of New Registered Agent

Name: ~~Nickolson, Nick~~
Street Address (P.O. Box Number is Not Acceptable): ~~1301 West 53rd~~
Suites 5 & ¢
Mangonia Park FL Zip Code 33407

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD NICKOLSON, NICK 5307 EAST AVE, BAY 11 MANGONIA PARK, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1301 West 53rd Suites 5 & 6 Mangonia Park, Fl 33407
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: President Nick Nickolson 2-2-06 561-842-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #