## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J72731

Entity Name: SMITTY'S ICE CREAM, INC.

FILED May 01, 2009 Secretary of State

| Littly Nai                                    | ille. Sivili I I S                                    | ICE CREAW, INC.  |   |  |  |
|---|---|--|---|--|--|
| Current Principal Place of Business:          |   |  | New Principal Place of Business:            |  |  |
| C/O JOAN<br>602 CANA<br>WAUCHU                |   | US   |   |  |  |
| Current Mailing Address:                      |   |  | New Mailing Addres                          | New Mailing Address:                         |  |
| C/O JOAN<br>602 CANA<br>WAUCHU                |   | US   |   |  |  |
| FEI Number:                                   | : 59-2796553  | FEI Number Applied For ( )   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |   |  | Name and Address of                         | Name and Address of New Registered Agent:    |  |
|   | OANN<br>HAVENUE<br>LA, FL 33873                       | US   |   |  |  |
|   | named entity set of Florida.                          | ubmits this statement for the  | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUR                                      | RE:   |  |   |  |  |
|   | Electroni   | c Signature of Registered Ag   | ent   | Date   |  |
|   |   | (2)(b), F.S., the corporation did no<br>Trust Fund Contribution ( ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                       |   |  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D ()<br>SMITH, BRUCE<br>602 CANAAN LA<br>WAUCHULA, FL |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D ()<br>SMITH, JOANN<br>602 CANAAN LA<br>WAUCHULA, FL |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

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: BRUCE SMITH D 05/01/2009