

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K37768

Entity Name: ICE COLD AIR, INC.

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

28050 US HWY 19 N.
STE 405
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

28050 US HWY 19 N.
STE 405
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 59-3025482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKSON, KATHY
28050 US HWY 19 N.
STE 405
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

ROSS, CARY
328 W. BEARSS AVENUE
SUITE A
TAMPA, FL 33613 US

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: CARY ROSS

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DICKSON, DAVID A
Address: 28050 US HWY 19 N. STE 405
City-St-Zip: CLEARWATER, FL 33761

Title: VP (X) Delete
Name: AYERS, ALLYN
Address: 28050 US HWY 19 N. STE 405
City-St-Zip: CLEARWATER, FL 33761

Title: VPT (X) Delete
Name: DICKSON, E. KATHRYN
Address: 28050 US HWY 19 N. STE 405
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DICKSON, ELIZABETH K
Address: 28050 US HWY 19 N. STE 405
City-St-Zip: CLEARWATER, FL 33761

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 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: E. KATHRYN DICKSON

VP

04/12/2006

Electronic Signature of Signing Officer or Director

Date