


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-27-2007 90012 009 ***150.00

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| DOCUMENT # L77490 1. Entity Name INDUSTRIAL COOLERS, INC. |  |
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| Principal Place of Business 2555 OLD OKEECHOBEE RD. WEST PALM BEACH, FL 33409 US | Mailing Address 2555 OLD OKEECHOBEE RD. WEST PALM BEACH, FL 33409 US |
|---|---|

66004933



01122007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0196586 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BLANEY, JERRI M. P.A. 1380 PROSPERITY FARMS ROAD SUITE 203 PALM BEACH GARDENS, FL 33410 |
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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: *Lowell Flowers* **February 19, 2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVS FLOWERS, LOWELL 2555 OLD OKEECHOBEE BLVD WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD FLOWERS, LOWELL 2555 OLD OKEECHOBEE BLVD WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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: *Lowell Flowers* **3-8-07** **561-478-3941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #