## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # L79403 1. Entity Name AVALANCHE ICE, INC. Mailing Address Principal Place of Business 3230 KLINE RD 3230 KLINE RD JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 US No Chg-P CR2E034 (11/05) 04112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3017720 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DAWSON, CARL D ESQ. DO NOT WRITE 320 EAST ADAMS ST. JACKSONVILLE, FL 32202 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME GOMEZ, ROBERT L STREET ADDRESS 14726 PLUMOSA DR U00000540225 05/10/06-80007-009 158175 CITY-ST-ZIP JACKSONVILLE, FL 32250 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**FILED**