



FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90097 041 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
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| DOCUMENT # N05000012749 | |  | |
| 1. Entity Name PENSACOLA ICE PILOTS FOUNDATION, INC. | | | |
| Principal Place of Business 201 MHAIST GREGORY STREET PENSACOLA, FL 32502-4956 | | Mailing Address 201 MHAIST GREGORY STREET PENSACOLA, FL 32502-4956 | |
| 2. Principal Place of Business - No P.O. Box # 201 East Gregory St Suite, Apt. #, etc. | | 3. Mailing Address 201 East Gregory St Suite, Apt. #, etc. | |
| City & State Pensacola, FL Zip 32502 Country | | City & State Pensacola, FL Zip 32502 Country | |
| 4. FEI Number 20-3317838 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT FORTGIONE, MARIO 6655 NORTHWEST DRIVE MISSISSANGA, ONTARIO CANADA, LAV 1L1 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FORGIONE, MARIO 90 Burnhamthorpe Rd. West, #1210 Mississauga, Ontario, Canada, L5B 3C3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FORTGIONE, MICHELE 6655 NORTHWEST DRIVE MISSISSANGA, ONTARIO CANADA, LAV 1L1 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FORGIONE, MICHELE 90 Burnhamthorpe Rd. West, #1210, Mississauga, Ontario, Canada, L5B 3C3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRIEDMAN, JEFFREY P 6655 NORTHWEST DRIVE MISSISSANGA, ONTARIO CANADA, LAV 1L1 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FRIEDMAN, JEFF 90 Burnhamthorpe Rd. West, #1210, Mississauga, Ontario, Canada, L5B 3C3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 617, 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:  | | Date Jan 25/07 | Daytime Phone # 905-361-0836 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | x3303 | |