

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004394

FILED
Mar 21, 2012
Secretary of State

Entity Name: DREAMS ON ICE INC

Current Principal Place of Business:

2509 STONEGATE DRIVE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

2509 STONEGATE DRIVE
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 45-2061743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYRKOSTAS, TIMOTHY
2509 STONEGATE DRIVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: KYRKOSTAS, TIMOTHY
Address: 2509 STONEGATE DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: V
Name: CROTEAU, JULES
Address: 8125 LAKE WORTH RD
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: FRIESEN, GARTH
Address: 8125 LAKE WORTH RD
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: PERRY, JACK
Address: 8125 LAKE WORTH RD
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: SELLIAN, ADRIENE
Address: 8125 LAKE WORTH RD
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: RYDER, NORM
Address: 8125 LAKE WORTH RD
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY KYRKOSTAS

P

03/21/2012

Electronic Signature of Signing Officer or Director

Date