


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000036051</b> 1. Entity Name <b>AUNTIE DI'S SOFT SERVE, INC.</b>	
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Principal Place of Business <b>13520 SW 74 PLACE MIAMI, FL 33156</b>	Mailing Address <b>13520 SW 74 PLACE MIAMI, FL 33156</b>
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**DO NOT WRITE IN THIS SPACE**



05032006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3643560</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**PIERCE, CLIFFORD Y CPA  
4216 CLEVELAND STREET  
HOLLYWOOD, FL 33021**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT STEWART, D.V.M, ANDREW J. 13520 SW 74 PLACE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEWART, SALLY DIANE 13520 SW 74 PLACE MIAMI, FL 33156
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05/19/06-80079-002 150.00

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:**  **5/2/06** **3053450883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #