2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2007 08:00 AM Secretary of State **DOCUMENT # P00000036051** AUNTIE DI'S SOFT SERVE, INC. Principal Place of Business Mailing Address 13520 SW 74 PLACE 13520 SW 74 PLACE MIAMI, FL 33156 MIAMI, FL 33156 02122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3643560 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIERCE, CLIFFORD Y CPA DO NOT WRITE **4216 CLEVELAND STREET** HOLLYWOOD, FL 33021 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. Skinsture, typed or printed name of registered event and title if explicable DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STEWART, D.V.M, ANDREW J. NAME STREET ADDRESS 13520 SW 74 PLACE CITY-ST-ZIP MIAMI, FL 33156 TITLE U00000637563 NAME STEWART, SALLY DIANE 02/26/07-80066-013 150.00 STREET ADDRESS 13520 SW 74 PLACE MIAMI, FL 33156 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 the 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

3053450883 Daytime Phone 6

FILED