

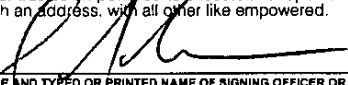


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000041696		
1. Entity Name SWEET LICK'S ICE CREAM, INC.		
Principal Place of Business 400 MANDALAY AVE CLEARWATER BEACH, FL 33767		Mailing Address 5883 DARREN CT N CLEARWATER, FL 33760
DO NOT WRITE IN THIS SPACE		
		 04202007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3638346
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BOUNNAKHOM, ALLEN B 5883 DARREN CT N CLEARWATER, FL 33760		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000753140 05/22/07-80008-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	BOUNNAKHOM, ALLEN B	
STREET ADDRESS	5883 DARREN CT. N	
CITY- ST- ZIP	CLEARWATER, FL 33760	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
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: 		Date 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #