## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000107273

Entity Name: ICEBLOX, INC.

**FILED** Mar 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7436 EVESBOROUGH LANE NEW PORT RICHEY, FL 34655 US **Current Mailing Address: New Mailing Address:** 7436 EVESBOROUGH LANE NEW PORT RICHEY, FL 34655 US FEI Number: 59-3686509 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCMULLEN, BRION P 7436 EVESBOROUGH LANE NEW PORT RICHEY, FL 34655 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PRFS ( ) Delete Title: **PRFS** (X) Change ( ) Addition MCMULLEN, BRION P PRES Name: MCMULLEN, BRION P CEO

Title: Name: 7436 EVESBOROUGH LANE 7436 EVESBOROUGH LANE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VΡ Title: () Delete (X) Change ( ) Addition Name: MCMULLEN, DONDRA J VP Name: MCMULLEN, DONDRA J CFO 7436 EVESBOROUGH LANE 7436 EVESBOROUGH LANE Address: Address: NEW PORT RICHEY, FL 34655 US NEW PORT RICHEY, FL 34655 US City-St-Zip: City-St-Zip:

( ) Delete Title: Title: SEC () Change () Addition

MCMULLEN, EILEEN C SEC/TRE Name: Name: 1024 DARTEORD DRIVE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONDRA J. MCMULLEN **CFO** 03/23/2009