

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000122286

Entity Name: FROZEN EXPLOSION, INC.

**FILED**  
**Dec 08, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

202 EAST HIGHWAY 98  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

1231 QUAIL LAKE BOULEVARD  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 30-0017305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PULLEN, MONTGOMERY  
1231 QUAIL LAKE BOULEVARD  
DESTIN, FL 32541 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: PD ( ) Delete  
Name: PULLEN, MONTGOMERY  
Address: 1231 QUAIL LAKE BOULEVARD  
City-St-Zip: DESTIN, FL 32541

Title: VSTD ( ) Delete  
Name: PULLEN, BROOKE  
Address: 1231 QUAIL LAKE BOULEVARD  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PULLEN, TOMMEY  
Address: 4949 BRIGHTMOUR CIRCLE KEATON'S CREST  
City-St-Zip: ORLANDO, FL 32837

Title: S ( ) Change (X) Addition  
Name: PULLEN, BARBARA  
Address: 4949 BRIGHTMOUR CIRCLE KEATON'S CREST  
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUDY HALL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ACCT

12/08/2005

\_\_\_\_\_  
Date