2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 05, 2007 8:00 am Secretary of State 07-16-2007 90126 010 ***150.00

DOCUMENT # P0300001742 1. Entity Name ICEPRISM, INC.										
Principal Place of Business 5225 SEAGULL COURT CAPE CORAL, FL 33904			Mailing Address 5225 SEAGULL COURT CAPE CORAL, FL 33904					6021747	ii Paki Bular (186 1869 Aluka	1704 BB (51 103)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				06212007	Chg-P	CR2E034 (12/06	i)
City & State			City & State				4. FEI Number Applied For 42-1570900 Not Applicable			
Zip	Country		Zip. Cou		Country		5. Certificate of Status Desired			
	6. Neme	and Address of Current	Registered Age	nt	Name	٠ ,	7. Name and	Address of New R	egistered Agent	
WELEBNY, DEBRA S 5225 SEAGULL COURT CAPE CORAL, FL 33904						driane (P.O. Box Numb	or in No. Aggeptable		
					City	.,	7: 7		F } ⊇p C∙	, , ,
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature (notated when reinstalting) DATE										
FILE NOWIII FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Financing \$5							.00 May Be ad to Fees	In accordance v corporation did	with s. 607.193(2)(b not receive the prior), F.S., the notice.
18.		OFFICERS AND	DIRECTORS		11.		ADDITIONS	CHANGES TO OFFI	ICERS AND DIRECTO	_
TITLE NAME	DPV Deide WELEBNY, DEBRA S				TITLE NAME	1,5	$\mathcal{L}_{\mathcal{Q}_{1},\mathcal{L}_{2}}$	bbra5.	Change	☐ Addition
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tifle	CAPE CORAL, FL 33904 CF					 			☐ Change	☐ Addition
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TITLE				Delete	TITLE				Change	☐ Addition
NAME Street address			_		HAME STREET ADORESS					_
CITY-SI-ZIP			s this tiles des		CITY-SI-ZIP	<u></u>	lin Chanter 111	Decide Section 4	frushan annitr shakar	inter-et'
12. I hereby certify that the information supplied with this fiting does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.										
1001 Juliah 6 10/12										Ì
SIGNAT	UKE: _	DIGHATURE AND TYPETON	PRINTED NAME OF ERG	MING OFFICER O	A DIRECTOR			Date 1	Davime Phone F	