

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000037966

FILED
Jun 28, 2006
Secretary of State

Entity Name: WHITE GLOVE CATERING & ICE SCULPTURES, INC.

Current Principal Place of Business:

2830 SE MARTIN SQUARE CORPORATE PARKWAY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2830 SE MARTIN SQUARE CORPORATE PARKWAY
STUART, FL 34994

New Mailing Address:

FEI Number: 56-2348169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULD, DAVID R
2830 SE MARTIN SQUARE CORPORATW PARKWAY
STUART, FL 34994 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: DAVID GOULD

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RYAN, HOLLY
Address: 155 22ND AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: GOULD, DAVID R
Address: 736 ROCKY BAYOU TERR
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: RYAN, HOLLY A
Address: 155 22ND AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: RA (X) Change () Addition
Name: GOULD, DAVID R
Address: 736 ROCKY BAYOU TERR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P () Change (X) Addition
Name: BOLF, JESSICA P
Address: 736 ROCKY BAYOU TERR
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID GOULD

Electronic Signature of Signing Officer or Director

RA

06/28/2006

Date