2008 FOR PROFIT CORPORATION

FILED Mar 10, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P04000076100 ART'S ICE CREAM, INC. Principal Place of Business Mailing Address 3111 SOUTHEAST 41ST PLACE 3111 SOUTHEAST 41ST PLACE OCALA, FL 34480 OCALA, FL 34480 03052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1128600 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STURGIS, RICHARD F DO NOT WRITE 3111 SOUTHEAST 41ST PLACE OCALA, FL 34480 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, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) U00000852024 03/26/08-80011-016 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME STURGIS, RICHARD F 3111 SOUTHEAST 41ST PLACE STREET ADDRESS OCALA, FL 34480 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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: _

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

ME OF SIGNING OFFICER OR DIRECTOR