2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000117017 02-25-2005 90152 043 ***150.00 COURY'S CHOCOLATES & ICE CREAM, INC. Principal Place of Business Mailing Address 2686 SE CLARETON TERRACE **2686 SE CLARETON TERRACE** PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable 36-455 9226 Zip Country Zip . Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COURY, JOSEPH M 2686 SE CLARETON TERRACE Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE, FL 34952 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, ☐ Delete TITLE TITLE ☐ Change ■ Addition COURY, JOSEPH M. NAME NAME 2686 SE CLARETON TERRACE STREET ADDRESS STREET ADDRESS PORT ST LUCIE, FL 34952 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

CITY-ST-ZIP

SIGNATURE:

CtTY-ST-ZIP

GUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

2/18/05 (772)631-7877 Date Dayime Phone #

FILED Feb 25, 2005 8:00 am