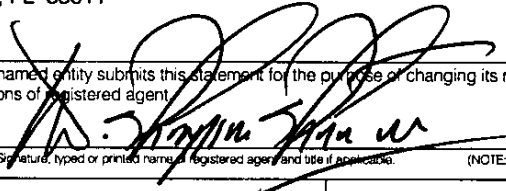
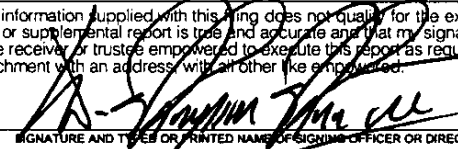


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90059 006 ***150.00

DOCUMENT # P04000131383 1. Entity Name ICE IT BY BEBE Z, INC.					
Principal Place of Business 221 PAULS DR SUITE D BRANDON, FL 33511			Mailing Address 221 PAULS DR SUITE D BRANDON, FL 33511		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 47-0945260 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04182008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ZIEGLER, BRENDA F 1210 MILLENIUM PKWY SUITE 1012 BRANDON, FL 33511			7. Name and Address of New Registered Agent Name W. THOMPSON THORN, III Street Address (P.O. Box Number is Not Acceptable) 100 North Tampa Street Suite 1900 City Tampa FL Zip Code 33602		
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 a registered agent.					
SIGNATURE: 				04-18-08 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS ZIEGLER, BRENDA F 221 PAULS DR SUITE D BRANDON, FL 33511	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Ziegler, Brenda F 1210 Millenium Pkwy, Suite 2030 Brandon, Florida 33511
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZIEGLER, BRENDA F 221 PAULS DR SUITE D BRANDON, FL 33511	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ziegler, Brenda F 1210 Millenium Pkwy, Suite 2030 Brandon, Florida 33511
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. S. W. Thompson Thorn, III 100 North Tampa Street, Suite 1900 Tampa, Florida 33602
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Shari S. Gagel 1210 Millenium Pkwy, Suite 2030 Brandon, Florida 33511
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
☐ Change ☐ Addition		☐ Change ☐ Addition			
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 employment.					
SIGNATURE: 				04-18-08 813- Date 225-4600 Daytime Phone #	