2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

| DOCUMENT # P05000048532 1. Entity Name COOL BREEZE FLAKED ICE, INC. | | | | | | 05-01-2006 | 90295 028 ***150 | 0.00 |
|--|--|---|--|---|---------------------------|---------------------------------------|----------------------------|------------------------------|
| Principal Place | of Business | Mailing Address | | | 10 | | | |
| 213 TARPON INDUSTRIAL CIRCLE Tarpon Springs, FL 34689 US | | 213 TARPON INDUSTRIAL CIRCLE TARPON SPRINGS, FL 34689 US | | | Bibi bilil ablil bokk bok | ı FBIS BIZBI ISTRI SIISB IIIIP IIB | 188) JI (28) | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02252006 | Chg-P | CR2E034 (11/05) | | |
| City & State | | City & State | | | 4. FEI Number より | - 2595 | 062 No | plied For t Applicable |
| Zip | Country | Zip | Country | | | of Status Desired | S8.75 Add Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | Nama | 7. Name and A | Address of New R | egistered Agent | |
| HEINLY, WOLFGANG | | | | Name | | | | |
| 213 TARPON INDUSTRIAL CIRCLE TARPON SPRINGS, FL 34689 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| , | , | | | | | | | |
| \$ | | | | City | FL Zip Code | | | |
| the obligation | named entity submits this statement fo ons of registered agent. | | - | | | i, in the State of Flo | rida. I am familiar with, | and accept |
| | Signature, typed or printed name of registered agent | and title if applicable. (NOTi | E: Registere | d Agent signature required | d when reinstating) | | DATE | |
| FILE NOWITE FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 7 Election Campaign Finan Trust Fund Contribution. | | | | | .00 May Be led to Fees | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | CERS AND DIRECTORS | 3 IN 11 |
| TITLE NAME | P | ☐ Delete | TITLE | <u> </u> | | | | |
| l ! | DRESS 213 TARPON INDUSTRIAL CIRCLE STR | | | r | | | ☐ Change | Addition |
| ON 1-SI-EII | | CLE | | E ET ADORESS - ST- ZIP | | | ☐ Change | |
| | | CLE | STRE | ET ADORESS - ST- ZIP | | | ☐ Change | |
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12. Thereby 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN HEINLY 4-51-06 727-938-3308