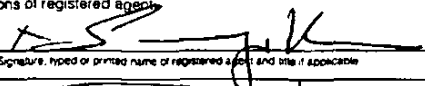
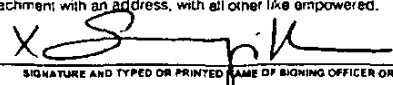


2006 FOR PROFIT CORPORATION ANNUAL REPORT

71 **FILED**
Jul 31, 2006 8:00 am
Secretary of State

07-17-2006 90142 047 ***150.00

DOCUMENT # P05000059880					
1. Entity Name BELOW O GOURMET ICE CREAM, INC.					
Principal Place of Business 10901 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33410			Mailing Address 12931 OAK KNOLL DRIVE PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2747852	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KARA, SEVGI 12931 OAK KNOLL DRIVE PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name Sevgi Kara Street Address (P.O. Box Number if Not Acceptable) 308 September St. City Palm Beach Gardens FL Zip Code 33410	
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 		(NOTE: Registered Agent signature required when re-registering)		DATE 7-12-06	
FILE NOW!!! FEE IS \$150.00 Due By September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	KARA, SEVGI		NAME		
STREET ADDRESS	12931 OAK KNOLL DRIVE		STREET ADDRESS	308 September St.	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		CITY - ST - ZIP	Palm Beach Gardens, FL 33410	
TITLE	S.T	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MUSOLINO, RICHARD J		NAME		
STREET ADDRESS	12931 OAK KNOLL DRIVE		STREET ADDRESS	308 September St.	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		CITY - ST - ZIP	Palm Beach Gardens, FL 33410	
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		
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 7/12/06	
				Daytime Phone #	