

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

**Apr 28, 2006 8:00 am
Secretary of State**

DOCUMENT # P05000060099

1. Entity Name
SUMMER DAYS GOURMET SHAVED ICE INC.



3
3

03-27-2006 90287 001 ***150.00
03-27-2006 90287 002 *****8.75

66012930



1st MOORE CR2E034 (10/05)

Principal Place of Business
Mailing Address
413 N. ROSEMARY AVE.
WEST PALM BEACH FL 33401-4133
US

2. Principal Place of Business
1612 Lucerne Ave.
Suite, Apt. #, etc.
Suite, Apt. # etc.

3. Mailing Address
City & State
Lake Worth, FL
Zip
33460 Counter
US

4. FEINumber
36-4573821 Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
Name
DAYS, ELLIOTT C
1326 THE 12TH FAIRWAY
WELLINGTON FL 33414

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Frank C Days, Elliott C. Days, CEO* 3-9-06
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAYS, ELLIOTT C		NAME	
STREET ADDRESS	1326 THE 12TH FAIRWAY		STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank S. Days		NAME	
STREET ADDRESS	1326 The 12th Fairway		STREET ADDRESS	
CITY-ST-ZIP	Wellington, FL 33414		CITY-ST-ZIP	
TITLE	Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shevra Fairycough		NAME	
STREET ADDRESS	13591 Greentree Tr		STREET ADDRESS	
CITY-ST-ZIP	Wellington, FL 33414		CITY-ST-ZIP	
TITLE	Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Scott		NAME	
STREET ADDRESS	P.O. Box 34174		STREET ADDRESS	
CITY-ST-ZIP	Washington DC 20043		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Frank C Days, Frank S. Days* 4-7-06 314-517-3999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #