

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092325

FILED
Apr 20, 2006
Secretary of State

Entity Name: UDDER DELIGHTS ICE CREAM SHOP, INC.

Current Principal Place of Business:

1115 RIDGE CREST COURT
PALM HARBOR, FL 34683

New Principal Place of Business:

36109 EAST LAKE RD
PALM HARBOR, FL 34685

Current Mailing Address:

1115 RIDGE CREST COURT
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 20-3104456 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SEITZER, LAMONT
1115 RIDGE CREST COURT
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SEITZER, LAMONT
Address: 1115 RIDGE CREST COURT
City-St-Zip: PALM HARBOR, FL 34683

Title: VTD () Delete
Name: SEITZER, GAIL M
Address: 1115 RIDGE CREST COURT
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAMONT SEITZER

PSD

04/20/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date