## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P05000145780

1. Entity Name
MAJOR CHILL, INC



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

373 LAKE VIEW DRIVE CORAL SPRINGS, FL 33071

Mailing Address

373 LAKE VIEW DRIVE CORAL SPRINGS, FL 33071



04132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3749059

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOREAU, GREGG 373 LAKE VIEW DRIVE CORAL SPRINGS, FL 33071

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

OFFICERS AND DIRECTORS 10. TITLE MOREAU, GREGG NAME STREET ADDRESS 373 LAKE VIEW DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33071 TITLE NAME LUKE, RYAN STREET ADDRESS 373 LAKE VIEW DRIVE CITY-ST-7IP CORAL SPRINGS, FL 33071 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 any address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4.14.08

954-274-7174

Daytime Phone #