2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

AIIIIGAE IIEI GILI					Secretary of State			
DOCUMENT # P06000089595 1. Entity Name JOSEPH'S ICE CREAM INC							90334 022 ***150	0.00
Principal Place of Business Mailing Address					٠. ۾	* 4 77 Q		
799 FLORENCIA CIRCLE TITUSVILLE, FL 32780		799 FLORENCIA CIRCLE TITUSVILLE, FL 32780		4006	٤	#818: 18:18 DIG #2:18 FEIR BII	Fa l H (4	
2. Principal Place of Business - No P.O Box #		3. Mailing Address						
Suite. Apt. #, etc.		Suite, Apt. #, etc.		04092007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 20	171539	No	plied For t Applicable	
Zip	Country	Zip	Country			of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
	0.110			Name				
VENUTI, LOUIS 400 ORANGE STREET TITUSVILLE, FL 32796			9	Street Address (P.O. Box Number is Not Acceptable)				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
				City	,		FL Zip Code	9
The above named entity submits this statement for the purpose of changing its registered				affice or registe	red agent or both	in the State of Flo		and accept
	ions of registered agent.	or the purpose of changing its	registered (ance or registe	red agent, or both	s, at the state of the	rioa. Tam raisilla with	and accept
SIGNATURE	Signature, typed or printed name of registered agen	f and title if applicable (NOTE	E Registered Ag	ent signature require	d when reinstating)		DATE	
				.,				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campai Trust Fund Centr	_		.00 May Be led to Fees			
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/	CHANGES TO OFF	CERS AND DIRECTORS	5 IN 11
INTE	D	D Delete Fit					☐ Change	Addition
NAME			NAME					
STREET ADDRESS			STREET A	3				
CITY-ST-ZIP			CITY ST	ZiP				
THEE			DILE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET A	DORESS				
CITY-ST-ZIP			CITY-ST-	l l				
TITLE			TITLE				☐ Change	Addition
NAME			NAME				<u> </u>	
STREET ADDRESS			SIREET A	DURESS				
CITY-ST-ZIP	•		CITY ST-	ZiP				
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NAME			NAME				_ •	
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CITY-ST-ZIP			CHY ST	ZIP				
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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 it made under oath; that I am an officer or director of the corporation or the receiver at 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:

4/13/07

Daytime Phone #