## 2008 FOR PROFIT CORPORATION

## FILED " **ANNUAL REPORT** Apr 14, 2008 08:00 Al Secretary of State **DOCUMENT # P06000118633** 1. Entity Name CHILLED TRAILERS, INC. Principal Place of Business Mailing Address 163 CLEARY ROAD **163 CLEARY ROAD** SUITE C1 SUITE C1 WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33413 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WESTBROOK, LEE DO NOT WRITE 163 CLEARY ROAD SUITE C1 IN THIS SPACE WEST PALM BEACH, FL 33413 3. 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE U000000893804 WESTBROOK, JON NAME 04/24/08-80002-020 150.00 STREET ADDRESS 163 CLEARY ROAD, SUITE C1 CITY-ST-ZIP WEST PALM BEACH, FL 33413 TITLE WESTBROOK, JOSEPH NAME STREET ADDRESS 163 CLEARY ROAD, SUITE C1 CITY-ST-ZIP WEST PALM BEACH, FL 33413 IMLE NAME WESTBROOK, LEE STREET ADDRESS 163 CLEARY ROAD, SUITE C1 DO NOT WRITE CITY-ST-ZIP WEST PALM BEACH, FL 33413 TITLE IN THIS SPACE NAME

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 eath; 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:

STREET ADDRESS CITY-ST-ZIP TITLE HALL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



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