

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146528

Entity Name: ICE CREAM TREATS, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

12282 TYRONE SQUARE
KI18
ST.PETERSBURG, FL 33710

New Principal Place of Business:

6901 22ND AVE N
ST.PETERSBURG, FL 33710

Current Mailing Address:

12282 TYRONE SQUARE
KI18
ST.PETERSBURG, FL 33710

New Mailing Address:

391 112TH AVE N
2106
ST.PETERSBURG, FL 33716

FEI Number: 20-5932642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALI, ASIF
12282 TYRONE SQUARE
KI18
ST.PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

ALI, ASIF
391 112TH AVE N
2106
ST.PETERSBURG, FL 33716 US

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:

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALI, ASIF
Address: 391 112TH AVE N, #2106
City-St-Zip: ST.PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: ASIF ALI

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date