

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000133417

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** THE ELECTRO FREEZE DISTRIBUTOR OF FLORIDA, INC.

**Current Principal Place of Business:**

1027 S. RAINBOW BLVD. #263  
LAS VEGAS, NV 89145 US

**New Principal Place of Business:**

2335 COMMERCE POINT DRIVE  
140  
LAKELAND, FL 33801 US

**Current Mailing Address:**

1027 S. RAINBOW BLVD. #263  
LAS VEGAS, NV 89145 US

**New Mailing Address:**

2101 ROCKY BRANCH COURT  
ARLINGTON, TX 76013 US

**FEI Number:** 26-1744416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
#347  
PEMBROKE PINES, FL 33027 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

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: PRES ( ) Delete  
Name: WHICKER, BRUCE  
Address: 1027 S. RAINBOW BLVD. #263  
City-St-Zip: LAS VEGAS, NV 89145 US

Title: TRES ( ) Delete  
Name: WHICKER, BOBBIE  
Address: 1027 S. RAINBOW BLVD. #263  
City-St-Zip: LAS VEGAS, NV 89145 US

Title: SECT ( ) Delete  
Name: LEVINE, STEVEN  
Address: 1027 S. RAINBOW BLVD. #263  
City-St-Zip: LAS VEGAS, NV 89145 US

Title: DIR ( ) Delete  
Name: LEVINE, STEVEN  
Address: 1027 S. RAINBOW BLVD. #263  
City-St-Zip: LAS VEGAS, NV 89145 US

Title: DIR ( ) Delete  
Name: WHICKER, BRUCE  
Address: 1027 S. RAINBOW BLVD. #263  
City-St-Zip: LAS VEGAS, NV 89145 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: STEVEN J LEVINE

SEC

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date