

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000133417

FILED
Aug 25, 2009
Secretary of State

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

Current Principal Place of Business:

2335 COMMERCE POINT DRIVE
140
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

2101 ROCKY BRANCH COURT
ARLINGTON, TX 76013 US

New Mailing Address:

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

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 LEVINE

SECT

08/25/2009

Electronic Signature of Signing Officer or Director

Date