2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# P22182

Entity Name: FLORIDA FREEZER, INC.

Current Principal Place of Business:

4110 CENTER POINTE DR.
STE. 207
FORT MYERS, FL 339169424 US

New Principal Place of Business:

4110 CENTER POINTE DR.
SUITE 207
FORT MYERS, FL 339169424 US

Current Mailing Address:

4110 CENTER POINTE DR.
STE. 207
FORT MYERS, FL 339169424 US

New Mailing Address:

4110 CENTER POINTE DR.
SUITE 207
FORT MYERS, FL 339169424 US

FEI Number: 65-0090806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FAY, SUSAN JANE
4110 CENTER POINTE DR.
SUITE 207
FORT MYERS, FL 339169424 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: D ( ) Delete
Name: FAY, GORDON H.,
Address: 4110 CENTER POINTE
City-St-Zip: FORT MYERS, FL 339169424

Title: VD ( ) Delete
Name: BARTHOLOMEW, GEORGE, E.
Address: 4110 CENTER POINTE
City-St-Zip: FORT MYERS, FL 33916

Title: AS ( ) Delete
Name: FAY, SUSAN JANE,
Address: 4110 CENTER POINTE
City-St-Zip: FORT MYERS, FL 339169424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FAY, GORDON H.,
Address: 4110 CENTER POINTE DR. SUITE 207
City-St-Zip: FORT MYERS, FL 339169424

Title: VD (X) Change ( ) Addition
Name: BARTHOLOMEW, GEORGE, E.
Address: 4110 CENTER POINTE DR. SUITE 207
City-St-Zip: FORT MYERS, FL 339169424

Title: AS (X) Change ( ) Addition
Name: FAY, SUSAN JANE,
Address: 4110 CENTER POINTE DR. SUITE 207
City-St-Zip: FORT MYERS, FL 339169424

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: GORDON H. FAY DIR 02/12/2009

Electronic Signature of Signing Officer or Director — Date