2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000061096

Entity Name: BLUE ICE, INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18650 N.E. 28TH CT. 609 NORTH 21ST AVENUE SUITE A HOLLYWOOD, FL 33020

AVENTURA, FL 33009 US

Current Mailing Address: New Mailing Address:

18650 N.E. 28TH CT. 609 NORTH 21ST AVENUE SUITE A HOLLYWOOD, FL 33020 US AVENTURA, FL 33009 US

FEI Number: 65-0462594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OSHINSKY, LEONARD

1150 E. HALLANDALE BEACH BLVD.
SUITE A
HALLANDALE, FL 33009 US

OSHINSKY, LEONARD
350 EAST LAS OLAS BOULEVARD
SUITE 970
FT. LAUDERDALE, FL 33301 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: LEONARD OSHINSKY 04/06/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: D () Delete Title: P, D (X) Change () Addition

 Name:
 OSHINSKY, LEONARD
 Name:
 KNYPER, ROBERT A

 Address:
 1150 E. HALLANDALE BEACH BLVD., SUITE A
 Address:
 609 NORTH 21ST AVENUE

City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HOLLYWOOD, FL 33020

Title: P (X) Delete Title: () Change () Addition
Name: KNYPER ROBERT Name:

 Name:
 KNYPER, ROBERT
 Name:

 Address:
 18650 NORTHEAST 28TH CT
 Address:

 City-St-Zip:
 N MIAMI BEACH, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT A. KNYPER PRES 04/06/2005