2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021191

Title:

Name:

Address:

City-St-Zip:

FILED Feb 15, 2008 Secretary of State

Entity Name: ICY DRIVEWAY, INC. **Current Principal Place of Business: New Principal Place of Business:** 2762 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311 US **Current Mailing Address: New Mailing Address:** 2762 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311 US FEI Number: 65-0566808 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: CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: TANENHOLZ, CORIE FRANZ, PETER B Name: Name: 2000 S OCEAN BLVD APT PH-K C/O FCP, 101 E. KENNEDY BLVD., S3925 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: TAMPA, FL 33602 Title: VD Title: () Delete (X) Change () Addition Name: TANENHOLZ, VICTOR Name: WONG, FELIX J 2000 S OCEAN BLVD APT PH-K C/O FCP, 101 E. KENNEDY BLVD., \$3925 Address: Address: TAMPA, FL 33602 BOCA RATON, FL 33432 City-St-Zip: City-St-Zip: Title: Title: () Delete CD () Change (X) Addition FRANCIOSE, RICHARD Name: Name: C/O FCP, 101 E. KENNEDY BLVD., S3925 Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33602

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.

Title:

Name:

Address:

City-St-Zip:

SD

HAAS, DAVID L

TAMPA, FL 33602

() Change (X) Addition

C/O FCP, 101 E. KENNEDY BLVD., S3925

SIGNATURE: DAVID L. HAAS SD 02/15/2008

() Delete