


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90022 041 ***150.00

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|-----------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P96000066452 |  |
| 1. Entity Name BEAR ICE, INC. | |

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| Principal Place of Business 4405 WEST TRADEWINDS AVENUE LAUDERDALE BY THE SEA, FL 33308 | Mailing Address 4405 WEST TRADEWINDS AVENUE LAUDERDALE BY THE SEA, FL 33308 |
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60003078



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|--------------------------------|------------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address PO Box 1271 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

01132006 Chg-P CR2E034 (11/05)


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| City & State CAREFREE AZ | City & State CAREFREE AZ |
| Zip 85377 | Country USA |

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| 4. FEI Number 65-0697528 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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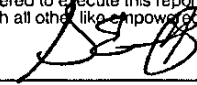
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| 6. Name and Address of Current Registered Agent SKORISH, BARON 4405 WEST TRADEWINDS AVENUE LAUDERDALE BY THE SEA, FL 33308 | |
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| 7. Name and Address of New Registered Agent | |
| Name BRYCE STATHAM | |
| Street Address (P.O. Box Number is Not Acceptable) 4405 W TRADEWINDS | |
| City LAUDERDALE BY THE SEA FL | Zip Code 33308 |

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| 8. 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 1-13-06 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STATHAM, BRYCE 4405 WEST TRADEWINDS AVENUE LAUDERDALE BY THE SEA, FL 33308 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SKORISH, BARON 4405 WEST TRADEWINDS AVENUE LAUDERDALE BY THE SEA, FL 33308 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information. | |
| SIGNATURE:  | DATE 1-13-06 DAYTIME PHONE 408 488 1844 |