2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077179

City-St-Zip:

ROTUNDA WEST, FL 33947

FILED Jan 07, 2006 Secretary of State

Entity Name: LICKITY SPLIT CAFE, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2828 S. MCCALL, UNIT 6 ENGLEWOOD, FL 34224				2828 S. MCCALL, UNIT 5 ENGLEWOOD, FL 34224	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2828 S. MCCALL, UNIT 6 ENGLEWOOD, FL 34224				2828 S. MCCALL, UNIT 5 ENGLEWOOD, FL 34224	
FEI Number:	59-3466200	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BRENNEMAN, CAROL 2828 S. MCCALL, UNIT 6 ENGLEWOOD, FL 34224 US			BRENNEMAN, CAROL 2828 S. MCCALL, UNIT ENGLEWOOD, FL 342	BRENNEMAN, CAROL 2828 S. MCCALL, UNIT 5 ENGLEWOOD, FL 34224 US	
The above in the State	named entity s of Florida.	ubmits this statement for the p	surpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CAROL R. BRENNEMAN				01/07/2006	
Election Can		c Signature of Registered Age Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () BRENNEMAN, C 1448 LEMON BA ENGLEWOOD, I	Y DR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () BRENNEMAN, L 262 MARK TWA ROTUNDA WES	N LN	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () BRENNEMAN, C 262 MARK TWA ROTUNDA WES	N LN	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	S () BRENNEMAN, L 262 MARK TWA		Title: (Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: CAROL R. BRENNEMAN Ρ 01/07/2006