2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14, 2005 08:00 AM DOCUMENT # P97000083253 **Secretary of State** 1. Entity Name ICE SYSTEMS OF PANAMA CITY, INC. Principal Place of Business _____ Mailing Address 455 HARRISON AVE STE C P.O. BOX 15 PANAMA CITY, FL 32402 PANAMA CITY, FL 32401 No Chg-P CR2E034 (10/03) 01062005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3472422 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FILINGS, INC. DO NOT WRITE 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. D TITLE DARDEN, STEVEN NAME STREET ADDRESS 29 E. 5TH STREET CITY-ST-ZIP PANAMA CITY, FL 32402 __U00000180687 01/14/05-80015-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.

FILED

Daytime Phone #