

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000079683

FILED
Aug 25, 2006
Secretary of State

Entity Name: ANNIE'S DREAM ICE CREAM INC.

Current Principal Place of Business:

19 SEAVIEW CIRCLE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

PO BOX 992
BOYNTON BEACH, FL 33425

Current Mailing Address:

19 SEAVIEW CIRCLE
BOYNTON BEACH, FL 33435

New Mailing Address:

PO BOX 992
BOYNTON BEACH, FL 33425

FEI Number: 65-0905279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPAMPHILIS, DONALD
39 SEAVIEW CIRCLE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

DEPAMPHILIS, DONALD
721 BANYAN DR.
LAKE WORTH, FL 33461 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: DONALD DEPAMPHILIS

08/25/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEPAMPHILIS, DONALD
Address: 39 SEAVIEW CIR
City-St-Zip: BOYNTON BCH, FL 33435

Title: TD () Delete
Name: DEPAMPHILIS, DON
Address: 39 SEAVIEW CIR
City-St-Zip: BOYNTON BCH, FL 33435

Title: VD () Delete
Name: CRAVEN, MARK
Address: 19 SEAVIEW CIR
City-St-Zip: BOYNTON BCH, FL 33435

Title: SD () Delete
Name: CRAVEN, MARK T
Address: 19 SEAVIEW CIR
City-St-Zip: BOYNTON BCH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEPAMPHILIS, DONALD
Address: 721 BANYAN DR.
City-St-Zip: LAKE WORTH, FL 33461

Title: TD (X) Change () Addition
Name: DEPAMPHILIS, DON
Address: 721 BANYAN DR.
City-St-Zip: LAKE WORTH, FL 33461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DONALD DEPAMPHILIS

PD

08/25/2006

Electronic Signature of Signing Officer or Director

Date