2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 08:00 A Secretary of State

DOCUMENT # P98000080620 1. Entity Name FROZEN DESSERTS, INC.					1	Seci	etary of St
,	IEAD STREET	Mailing Address 317 WHITEHEAD STREET KEY WEST, FL 33040					
DO NOT WRITE IN THIS SPA			c E	04232007	No Chg-P	CR2E	034 (11/05)
			UE .	4. FEI Numb	•	•	Applied For Not Applicable
				5. Certificate	of Status Desired		\$8.75 Additional Fee Required
	6. Name and Address of Current Reg						
MORGAN, HUGH J 317 WHITEHEAD STREET KEY WEST, FL 33040			DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the ions of registered agent.	e purpose of changing its register	ed office or regist	ered agent, or bo	oth, in the State of Flo	vida. I arr	familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and bits if applicable (NOTE. Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			· - •	5.00 May Be ded to Fees			
10.	OFFICERS AND DIR	ECTORS					
TITLE NAME	D MORGAN, HUGH J						
STREET ADDRESS CITY-ST-ZIP	317 WHITEHEAD STREET KEY WEST, FL 33040				•		
TITLE NAME							

DO NOT WRITE IN THIS SPACE

U00000756592 05/23/07-80039-002 150.00

12. I hereby certify that the information supplied with this filling 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 empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OF PRINTS NAME OF SIGNING OFFICER OR DIRECTOR

4-2>-07 305-296-5676