

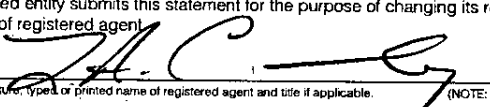


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90316 050 \*\*\*150.00

<b>DOCUMENT # P99000061832</b> 1. Entity Name <b>M &amp; M ICE CREAM IV, INC.</b>					
Principal Place of Business <b>5015 WESTHEIMER 1397 HOUSTON, TX 77056</b>			Mailing Address <b>132 10TH AVE N 103 SAFETY HARBOR, FL 34695</b>		
2. Principal Place of Business Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>12350 Belcher Rd S</b> Suite, Apt. #, etc. <b>13-B</b> City & State <b>Largo FL</b> Zip      Country <b>33773 USA</b>			
4. FEI Number <b>59-3591258</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MANELLA, FRANK 755 ISLAND WAY CLEARWATER, FL 33767</b>			7. Name and Address of New Registered Agent Name <b>Larry Crowley</b> Street Address (P.O. Box Number is Not Acceptable) <b>12350 Belcher Rd S 13-B</b> City <b>Largo FL</b> Zip Code <b>33773</b>		
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  (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANELLA, FRANK 755 ISLAND WAY CLEARWATER, FL 33767		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Larry Crowley 12350 Belcher Rd S 13-B Largo FL 33773	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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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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	
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.					
SIGNATURE: 