## 2006 FOR PROFIT CORPORATION

## Jan 31, 2006 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P04000018918 1. Entity Name A1A AIR CONDITIONING, INC. Principal Place of Business Mailing Address 3873 S.W. BRUNER TERRACE 3873 S.W. BRUNER TERRACE PALM CITY, FL 34990 PALM CITY, FL 34990 No Chg-P CR2E034 (11/05) 01172006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1096097 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEACON ACCOUNTING SERVICE, INC. DO NOT WRITE 3135 S.W. MAPP ROAD PALM CITY, FL 34990 IN THIS SPACE 3. 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 rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ASHTON, WAYNE STREET ADDRESS 3873 S.W. BRUNER TERRACE CITY+ST-ZIP PALM CITY, FL 34990 U00000407533 TITLE 02/08/06-80023-001 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 11111 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP

12. Thereby 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_\_

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-20-6

FILED