2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 1

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # 510533** 1. Entity Name 04-29-2005 90200 023 ***158.75 CLIMATE CONTROL SERVICES, INC. Principal Place of Business Mailing Address 1900 MCNAB AVENUE DELRAY BEACH FL 33444 1900 MCNAB AVENUE **DELRAY BEACH FL 33444** 2. Principal Place of Business 3. Mailing Address 740 Corporat M42 Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-1681232 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELLIS, RITA W ddress (P & Box Number is Not Acceptable -1900-MCNAB-AVENUE DELRAY BEACH FL 3344 8. The above named entity submits this statement for the purpose of changing its registered office prregistered agent, or both, in the State of Florida. the obligations of registered agent. required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE l٥ Change ☐ Delete TATLE ☐ Addition NAME ELLIS, H DEANE NAME 1740 Comporate 1 1900 MCNAR AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACHEL CITY-ST-ZIP TITLE PTSD ☐ Defete TITLE ☐ Addition NAME ELLIS, RITA W NAME 1900 MCNAB AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH EL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME WALKER, CHARLES E NAME STREET ADDRESS 1900 MCNAB AVENUE STREET ADDRESS. CITY-ST-ZIP DELRAY BEACH FL 33444 CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIF 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.

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