

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 583114

FILED
Jul 25, 2007
Secretary of State

Entity Name: MOBILE HOME AIR CONDITIONING AND HEATING SPECIALISTS, INC.

Current Principal Place of Business:

2114 PIERCE STREET
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2114 PIERCE STREET
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 59-1898813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLE, EVAN M PDS
2114 PIERCE STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: NOBLE, EVAN M PDS
Address: 2114 PIERCE STREET
City-St-Zip: HOLLYWOOD, FL 33004 US

Title: MR. () Delete
Name: PAUL, LIPOF S VS
Address: 2114 PIERCE STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MR. (X) Change () Addition
Name: PAUL, LIPOF S VT
Address: 2114 PIERCE STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information supplied with this filing does not qualify 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: EVAN NOBLE

PDS

07/25/2007

Electronic Signature of Signing Officer or Director

Date