


FILED
Mar 21, 2006 8:00 am
Secretary of State

03-03-2006 90124 016 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # H16687
 1. Entity Name
AIR-FLOW CONTROL, INC.



Principal Place of Business 806 W SLIGH AVE TAMPA, FL 33604 US	Mailing Address 806 W SLIGH AVE TAMPA, FL 33604 US
--	--

66006144



02032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2435141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 DEL CASTILLO, ANTHONY JR
 2518 LORRAINE ST
 TAMPA, FL 33614

**DO NOT WRITE
 IN THIS SPACE**

6. 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 reappointing) DATE _____

**FILE NOW!!! FEB IS \$160.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEL CASTILLO, ANTHONY 2314 FERN PLACE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DEL CASTILLO, ANTHONY JR 2518 LORRAINE ST TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEL CASTILLO, ROBERTA 2314 FERN PL TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 full power like empowered.

SIGNATURE: *Anthony Del Castillo* 3-13-06 813-936-8215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #