


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90047 014 ***150.00

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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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2435141	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEL CASTILLO, ANTHONY JR 2518 LORRAINE ST TAMPA, FL 33614			7. Name and Address of New Registered Agent Name: Del Castillo, Anthony Jr. Street Address (P.O. Box Number is Not Acceptable): 14708 Oak Vine Dr. City: Lutz FL Zip Code: 33559		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DEL CASTILLO, ANTHONY			NAME	
STREET ADDRESS	2314 FERN PLACE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33604			CITY-ST-ZIP	
TITLE	V	Delete <input type="checkbox"/>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	DEL CASTILLO, ANTHONY JR			NAME	Del Castillo, Anthony Jr.
STREET ADDRESS	2518 LORRAINE ST			STREET ADDRESS	14708 Oak Vine Dr.
CITY-ST-ZIP	TAMPA, FL 33614			CITY-ST-ZIP	Lutz, FL 33559
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DEL CASTILLO, ROBERTA			NAME	
STREET ADDRESS	2314 FERN PL			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33604			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 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: <i>Anthony Del Castillo Jr.</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-19-07 813 936-8215	