


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # H20679
 1. Entity Name
AUTO AIR TECH, INC.



Principal Place of Business 10018 SPANISH ISLES BLVD. BAY 58A BOCA RATON, FL 33498	Mailing Address 10018 SPANISH ISLES BLVD. BAY 58A BOCA RATON, FL 33498
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02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2452937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SVITAK, CHARLES J.
 9680 MAJESTIC WAY
 BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000001500
 05/01/08-80018-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SVITAK, CHARLES J. 9680 MAJESTIC WAY BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STAFFORD, RAY C. 1502 WHITEHALL DR #406 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SVITAK, YOLANDA 9680 MAJESTIC WAY BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STAFFORD, EMOGENE 1502 WHITEHALL DR #406 FT. LAUDERDALE, FL
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 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:  **4-14-08 5614822886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #