
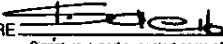
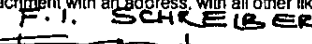


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90037 034 \*\*\*150.00

DOCUMENT # P02000052983			
1. Entity Name A.C. HEAT LOAD CENTRE, INC.			
Principal Place of Business 1629 RIVERVIEW ROAD APT. 720 DEERFIELD BEACH, FL 33441		Mailing Address 1629 RIVERVIEW ROAD APT. 720 DEERFIELD BEACH, FL 33441	
2. Principal Place of Business 23205 FOUNTAIN VIEW		3. Mailing Address 23205 FOUNTAIN VIEW	
Suite, Apt. #, etc. # E		Suite, Apt. #, etc. # E	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33433		Country U.S.A.	
4. FEI Number 04-3677101		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 SCHREIBER, FRANCES I 1629 RIVERVIEW ROAD APT. 720 DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name SCHREIBER FRANCES I Street Address (P.O. Box Number is Not Acceptable) 23205 FOUNTAIN VIEW # E City BOCA RATON FL Zip Code 33433	
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  F. I. SCHREIBER. 03 : 29 : 2004 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P SCHEIBER, FRANCES I 1629 RIVERVIEW RD APT 720 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHREIBER FRANCES I 23205 FOUNTAIN VIEW # E BOCA RATON FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHERIBER, ANDRIGS I 1629 RIVERVIEW RD APT 720 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHREIBER ANDRIGS I 23205 FOUNTAIN VIEW # E BOCA RATON FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. SIGNATURE:  F. I. SCHREIBER. 03 : 29 : 2004 (367) 367-8118 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			