2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 03, 2005 08:00 AM **Secretary of State** DOCUMENT # P03000042243 1. Entity Name ULTRACOOL AIR CONDITIONING & HEATING, INC. Principal Place of Business Mailing Address 7610 NW 68 AVE 7610 NW 68 AVE TAMARAC, FL 33321 TAMARAC, FL 33321 02282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0182790 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SINGH, NEIL D DO NOT WRITE 7610 NW 68 AVE TAMARAC, FL 33321 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 reinstaling) Signature, typed or printed name of registered egent and title if epplicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SINGH, NEIL D NAME STREET ADDRESS 7610 NW 68 AVE TAMARAC, FL 33321 CITY-ST-ZIP - UMMANASA19A 14044/05-30001-009 150.00 IME NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED