2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State
07-13-2006 90020 038 ***158.75

DOCUMENT # P05000015923

1. Entity Name
GENESIS AIR SOLUTIONS, INC.

50022363

07102006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
596 USTLER ROAD APOPKA, FL 32712 US	596 USTLER ROAD APOPKA, FL 32712 US

2. Principal Place of Business	3. Mailing Address
Street Address	Street Address
City & State	City & State
Zip / County	Zip / County

4. FEI Number: 20-2247951 — Applied For / Not Applicable

5. Certificate of Status Desired: ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEATHERFORD, WILLIAM P JR. 1150 LOUISIANA AVENUE SUITE 4 WINTER PARK, FL 32789	Name Street Address (P.O. Box Numbers Not Acceptable) City: FL Zip Code

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 aware of and accept the obligations of the registered agent.

SIGNATURE: Sheila M. Hall Pres. 7/10/06
(Signature of new registered agent, if applicable) (Name of New Registered Agent, if changed) (Date)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Type	P	☐ Delete	Type		☐ Change ☐ Add
Title	HALL, SHEILA M		Title		
Street Address	596 USTLER ROAD		Street Address		
City-State-Zip	APOPKA, FL 32712		City-State-Zip		
Type		☐ Delete	Type		☐ Change ☐ Add
Title			Title		
Street Address			Street Address		
City-State-Zip			City-State-Zip		
Type		☐ Delete	Type		☐ Change ☐ Add
Title			Title		
Street Address			Street Address		
City-State-Zip			City-State-Zip		
Type		☐ Delete	Type		☐ Change ☐ Add
Title			Title		
Street Address			Street Address		
City-State-Zip			City-State-Zip		
Type		☐ Delete	Type		☐ Change ☐ Add
Title			Title		
Street Address			Street Address		
City-State-Zip			City-State-Zip		
Type		☐ Delete	Type		☐ Change ☐ Add
Title			Title		
Street Address			Street Address		
City-State-Zip			City-State-Zip		

12. To the best of my knowledge, the information contained herein is true and accurate. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or amending authorization to transact business in Florida is a felony of the third degree, punishable as provided in s. 817.155, F.S. I understand the requirement to file, within 90 days before the due date, an annual report or reinstatement with the Department of State. I am aware that any compensation owed to me for acting as a registered agent is my responsibility. I understand that I am not required to perform any act on behalf of the corporation except to forward process to the corporation. I am aware that the mailing address and the street address must be a Florida address. I am aware that I may resign upon filing a resignation form with the Department of State. I am aware that if this corporation is administratively dissolved, I have a duty to inform the corporation of its dissolved status. I am aware that I may be liable for fees and penalties if I fail to perform my duties as registered agent. I am aware that for each year this corporation fails to file an annual report, the corporation may be subject to a penalty of $400 if not reinstated. I am aware that this corporation will be prohibited from maintaining any action, suit or proceeding in any court of this state until it files an annual report with the Department of State. I am aware that the Department of State may dissolve this corporation if it does not file an annual report. I am aware that the Department of State may remove a registered agent who fails to perform his or her duties. I am aware that I must sign my name exactly as it appears in Block 10 or Block 11, if changed, or in the absence of any name, the word, name or title that authorizes me to execute and file this report. I am aware that I may be required to provide proof of my authority to sign this report upon request by the Department of State.

SIGNATURE: Sheila M. Hall Pres. 7/10/06
(Signature and Typed or Printed Name of Individual and Capacity or Title) (Date)