FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P96000062180 1. Entity Name AIR TRENDS INTERNATIONAL, INC.					Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90015 042 ***150.00			
MIAMI FL 33179		Mailing Address 18343 NE 4TH COURT MIAM! FL 33179 US			; (#P/(##1 12#)		5553	(BIG SEN ISS)
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number	65-0690041		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	\$8.75 Ac	
	6. Name and Address of Current Re	egistered Agent			7. Name and Address of New Registered Agent			
SISS0 2005 #306		Stre		Address (P.O. Box Number is Not Acceptable)				
N. M	AMI FL 33181		City				Zip Co	ode
9. This corpo	Signature, typed or printed name of registered agent and ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee will b	150.00 be \$550.00	10. Election	on Campaign Financ	~ <u></u> ~~.	.00 May Be
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D D SISSOM, DAVID 2005 SANS SOUCI BLVD #306 N MIAMI FL 33181	IRECTORS Delete	12. TITLE NAME STREET ADD CITY-ST-ZIF		ADDITIONS/CH NE 2 nd St		RS AND DIRECTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISSOM, LINDA 20937 ST ANDREWS BLVD #10 BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADD CITY-ST-Zif	-	8 Calusa Lo Omis , FL 3		☑ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISSOM, BOB 7210 N NEBO RD MUNCIE IN 47304	□ Delete	TITLE NAME STREET ADD CITY-SY-ZI	RESS 2118	ß Calusa Li comis, FL 3	akes Blvd. 54275	√ Changi	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-Z				☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZE				☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-Z	ı			☐ Chang	e 🗌 Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that i wered to execute this report	my signature s t as required b	shall have the	same legal effect a	as if made under oat	th; that I am an offic	per or director

David Sisson 420/01