

2006 FOR PROFIT CORPORATION ANNUAL REPORT


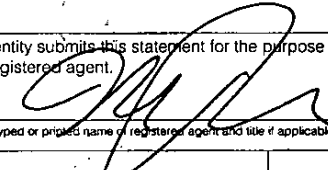
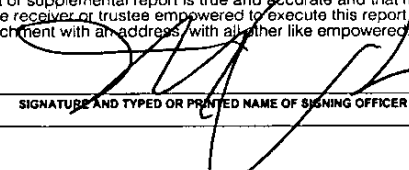
FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90056 037 ***150.00

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01262006 Chg-P CR2E034 (11/05)

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|---|--|--|---|--|--|
| DOCUMENT # P04000099379 | | | |  | |
| 1. Entity Name AIR MAXX, INC. | | | | | |
| Principal Place of Business 11530 PROSPEROUS DRIVE ODESSA, FL 33556 | | | Mailing Address 11530 PROSPEROUS DRIVE ODESSA, FL 33556 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-1314599 | |
| | | | | 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 | | | | 7. Name and Address of New Registered Agent | |
| JORDAN, DENNIS 8935 INDIAN RIVER RUN BOYNTON BEACH, FL 33437 | | | | Name Michael Jones | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 11530 Prosperous Drive | |
| | | | | City ODESSA | |
| | | | | FL Zip Code 33556 | |
| 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  DATE 1-26-06 | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! - FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 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 | DPT JONES, MICHAEL 221 ADDISON STREET CLAYTON, NJ 08312 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Michael Jones 3636 Hurston St. NEW PORT RICHEY, FL 34655 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSVP JORDAN, DENNIS 8935 INDIAN RIVER RUN BOYNTON BEACH, FL 33437 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  DATE 1-26-06 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Daytime Phone # | | | | | |