2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State
02-16-2006 90040 038 ***150.00

DOCUMENT # P96000012848

1. Entity Name
AIR HOUSE, INC.

Principal Place of Business	Mailing Address
313 E. OAK AVE TAMPA, FL 33604	637 CRENSHAW LAKE ROAD LUTZ, FL 33594

02132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		313 E Oak Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Tampa FL	
Zip: 33602	Country	Zip: 33602	Country: USA

4. FEI Number 59-3387483 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARODAK, MIKE
637 CRENSHAW LAKE ROAD
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name: Arodak, Mike
Street Address (P.O. Box Number is Not Acceptable): 313 E Oak Ave
City: Tampa FL Zip Code: 33602

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 ______________________________
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VDVP	☐ Delete	TITLE	VDPP	☒ Change ☐ Addition
NAME	ARODAK, MIKE		NAME	Arodak, Mike	
STREET ADDRESS	637 CRENSHAW LAKE ROAD		STREET ADDRESS	313 E Oak Ave	
CITY-ST-ZIP	LUTZ, FL 32594		CITY-ST-ZIP	Tampa FL 33602	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #