

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124424

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: BREATHE BETTER AIR, INC.

## Current Principal Place of Business:

10668 QUAIL RIDGE DRIVE  
ST. AUGUSTINE, FL 32095

## New Principal Place of Business:

10668 QUAIL RIDGE DRIVE  
PONTE VEDRA, FL 32081

## Current Mailing Address:

10668 QUAIL RIDGE DRIVE  
ST. AUGUSTINE, FL 32095

## New Mailing Address:

10668 QUAIL RIDGE DRIVE  
PONTE VEDRA, FL 32081

FEI Number: 20-3427542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAGO, WILLIAM  
10668 QUAIL RIDGE DRIVE  
ST. AUGUSTINE, FL 32095 US

## Name and Address of New Registered Agent:

MAGO, WILLIAM  
10668 QUAIL RIDGE DRIVE  
PONTE VEDRA, FL 32081 US

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.

SIGNATURE: \_\_\_\_\_

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAGO, WILLIAM  
Address: 10668 QUAIL RIDGE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: MAGO, KAREN  
Address: 10668 QUAIL RIDGE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAGO, WILLIAM  
Address: 10668 QUAIL RIDGE DRIVE  
City-St-Zip: PONTE VEDRA, FL 32081

Title: D (X) Change ( ) Addition  
Name: MAGO, KAREN  
Address: 10668 QUAIL RIDGE DRIVE  
City-St-Zip: PONTE VEDRA, FL 32081

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MAGO

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date