


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 155888 1. Entity Name NU-AIR MANUFACTURING CO	
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Principal Place of Business 8105 ANDERSON RD. TAMPA, FL 33634	Mailing Address 8105 ANDERSON RD. TAMPA, FL 33634
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent CHAMBERS, ROSEMARIE 8105 ANDERSON RD. TAMPA, FL 33634	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEVP HORNER, KENNETH F 6613 TWELVE OAKS BLVD TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNER, CONCHITA E 100 W. DAVIS BLVD TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CHAMBERS, ROSEMARIE 354 SHORE DRIVE EAST OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800090467008 10/04/06--01046--008 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST CALVACCA, ADELINE 10237 PARSONS ST TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT J. SCOTT HENDERSON 6024 HAMMOCK HILL AVE LITHIA FL 33547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Adeline D. Calvaca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/2/06 Daytime Phone #: 813 885 1654
X230

FILED

2006 OCT -4 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09262006 Chg-P CR2E034 (11/05)

4. FEI Number 59-0591800	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
