

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 155888

FILED
Jan 21, 2008
Secretary of State

Entity Name: NU-AIR MANUFACTURING CO

Current Principal Place of Business:

8105 ANDERSON RD.
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

8105 ANDERSON RD.
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-0591800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERS, ROSEMARIE
8105 ANDERSON RD.
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HORNER, CONCHITA E
Address: 100 W. DAVIS BLVD
City-St-Zip: TAMPA, FL 33606

Title: TSD () Delete
Name: CHAMBERS, ROSEMARIE,
Address: 354 SHORE DRIVE EAST
City-St-Zip: OLDSMAR, FL 34677

Title: AST () Delete
Name: CALVACCA, ADELINE D
Address: 10237 PARSONS ST
City-St-Zip: TAMPA, FL 33615

Title: P () Delete
Name: HENDERSON, J. SCOTT
Address: 6026 HAMMOCK HILL AVE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ADELINE D CALVACCA

AST

01/21/2008

Electronic Signature of Signing Officer or Director

Date