


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 363492</b> 1. Entity Name AIRITE AIR CONDITIONING INC	
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Principal Place of Business 5334 W. CRENSHAW STREET TAMPA, FL 33634	Mailing Address 5334 W. CRENSHAW STREET TAMPA, FL 33634
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02212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1292957	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SILVERMAN, BRUCE M 5334 W CRENSHAW ST TAMPA, FL 33634
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**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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000000901480  
04/29/08 80071 011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RICH, JOSEPH F 5334 W. CRENSHAW ST. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SILVERMAN, BRUCE M 5334 W CRENSHAW ST TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILVERMAN, VICTORIA 5334 W CRENSHAW ST TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STEINER, JEFFREY 5334 W. CRENSHAW ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Joseph F. Rich - Secretary/Treasurer* 3/17/08 813-886-2591 x328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #