

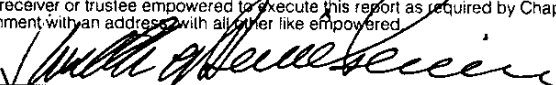


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90223 014 ***150.00

DOCUMENT # 392076 1. Entity Name ASSOCIATED AIR PRODUCTS, INC.					
Principal Place of Business 2125 N. COMMERCE PKWY WESTON, FL 33326			Mailing Address 2125 N. COMMERCE PKWY WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 2111 N. Commerce Pkwy		3. Mailing Address 2111 N. Commerce Pkwy			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04232007 Chg-P CR2E034 (12/06)	
City & State Weston, FL		City & State Weston FL		4. FEI Number 59-1366815	
Zip 33326 Country USA		Zip 33326 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKINSON, WALTER 2125 N. COMMERCE PKWY WESTON, FL 33326				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DICKINSON, WALTER C 2125 N. COMMERCE PKWY WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Walter C. Dickinson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2111 N. Commerce Pkwy Address Weston, FL 33326		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DICKINSON, WALTER 2125 N. COMMERCE PKWY WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Walter Dickinson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2111 N. Commerce Pkwy Address Weston, FL 33326		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT DICKINSON, JANICE C 2125 N. COMMERCE PKWY WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT Janice Dickinson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2111 N. Commerce Parkway Address Weston, FL 33326		
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		
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		
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: 			4/23/2007 954-217-1080		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		