


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 442831 1. Entity Name ALL YEAR COOLING AND HEATING, INC.	
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05 SEP 23 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1345 NE 4TH AVENUE FORT LAUDERDALE, FL 33304-1031 US	Mailing Address 1710 S.W. 55TH AVE. PLANTATION, FL 33317 US
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2. Principal Place of Business 1345 NE 4TH AVE Suite, Apt. #, etc.	3. Mailing Address 1345 NE 4TH AVE Suite, Apt. #, etc.
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09202005 Chg-P CR2E034 (10/03)

City & State Fort Lauderdale FL	City & State Fort Lauderdale FL
Zip 33304	Zip 33304
Country USA	Country USA

4. FEI Number 59-1496800	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, THOMAS S. 1710 S.W. 55TH AVE. PLANTATION, FL 33317	7. Name and Address of New Registered Agent Name THOMAS SMITH Street Address (P.O. Box Number is Not Acceptable) 1345 NE 4TH AVE City Fort Lauderdale FL Zip Code 33304
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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 Thomas S Smith
Signature, typed or printed name of registered agent and title if applicable

9-20-05
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	SMITH, THOMAS S. 1710 SW 55TH AVE PLANTATION, FL	<input checked="" type="checkbox"/> Delete	
TITLE S	SMITH, GRETA B. 1710 SW 55TH AVE PLANTATION, FL	<input checked="" type="checkbox"/> Delete	
TITLE V	SMITH, THOMAS A 13061 S.W. 30 COURT DAVIE, FL 33330	<input type="checkbox"/> Delete	
TITLE TD	SMITH, GRETA B. 1710 SW 55TH AVE PLANTATION, FL	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE P	THOMAS A. SMITH 6161 SW 21 Street PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	ERIN SMITH 6161 SW 21 Street PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T	Audrey Smith 13061 S.W. 30 COURT DAVIE, FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas S Smith THOMAS S. SMITH 9-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-566-4644