2008 FOR PROFIT CORPORATION

CITY-ST-7IP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

Mar 03, 2008 8:00 am **Secretary of State** ANNUAL REPORT **DOCUMENT #443531** 03-03-2008 90189 032 ***150.00 1. Entity Name JAMES AIRCONDITIONING, INC. 40000--Principal Place of Business Mailing Address 20405 S.W. 264TH STREET 20405 S.W. 264TH STREET HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 02262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1522507 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROTHERHAM, JAMES HARRY DO NOT WRITE 20405 S.W. 264TH STREET HOMESTEAD, FL 33031 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 9. Election Campaign Financing FILE NOW!!! FEE !\$ \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE ROTHERHAM, JAMRS HARRY NAME 20405 S.W. 264TH STREET STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33031 TITI F NAME ROTHERHAM, JOY 20405 S.W. 264TH STREET STREET ADDRESS HOMESTEAD, FL 33031 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

FILED