

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 550090

FILED
Apr 20, 2009
Secretary of State

Entity Name: COMPRESSED AIR SYSTEMS, INC.

Current Principal Place of Business:

9303 STANNUM STREET
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

9303 STANNUM STREET
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-1778823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHIGHAM LAW GROUP, P.A.
220 E. MADISON STREET
SUITE 1140
TAMPA, FL 33602 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: PD () Delete
Name: WARING, LOWRY B
Address: 10705 BROWNING ROAD
City-St-Zip: LITHIA, FL 33547 US

Title: VD () Delete
Name: RANDALL, KENNETH K
Address: 301 LARSON AVENUE
City-St-Zip: BRANDON, FL 33510 US

Title: SD () Delete
Name: HALL, NANCY A
Address: 208 E. BADCOCK BLVD
City-St-Zip: MULBERRY, FL 33860 US

Title: D () Delete
Name: WARING, GINGER F
Address: 10705 BROWNING ROAD
City-St-Zip: LITHIA, FL 33547 US

Title: TD () Delete
Name: DALTON, DAWN H
Address: 9644 N. GALLAGHER RD.
City-St-Zip: DOVER, FL 33527 US

Title: D () Delete
Name: MARTIN, BRENDA J
Address: 10410 ASHLEY OAKS DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

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:

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: DAWN H. DALTON

TD

04/20/2009

Electronic Signature of Signing Officer or Director

Date