2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 633634

Address:

City-St-Zip:

1817 COLONIAL CT

FORT WALTON BEACH, FL 32547

Entity Name: NUAIRE END-DUST-RE, INC.

FILED Jan 08, 2009 Secretary of State

y .tu	100 100 1110	END BOOT ILE, IIVO.				
Current Principal Place of Business:				New Principal Place of Business:		
36054 EMERALD COURT PKY #201				36054 EMERALD COAST PKY #102		
DESTIN, FL 32541				DESTIN, FL 32541		
Current Mailing Address:				New Mailing Address:		
36054 EMERALD COURT PKY #201 DESTIN, FL 32541				36054 EMERALD COAST PKY 102 DESTIN, FL 32541		
FEI Number:	59-1958721	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WEICHMAN, ROBERT A. SR. 722 N BEAL PKWY #D FORT WALTON BEACH, FL 32547 US				WEICHMAN, ROBERT A. SR. 36054 EMERALD COAST PKWY 102 DESTIN, FL 32541 US		
	named entity : of Florida.	submits this statement for the	e purpose o	f changing its register	ed office or registered agent, or both,	
SIGNATURE:					01/08/2009	
	Electror	ic Signature of Registered A	gent		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () WEICHMAN, RI 807 CHOCTAW SHALIMAR, FL	LANE		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	ST () WEICHMAN, NO 807 CHOCTAW SHALIMAR, FL	LANE		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	VP () WEICHMAN, D	Delete AVID M.,		Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT A WEICHMAN, SR PRES 01/08/2009