

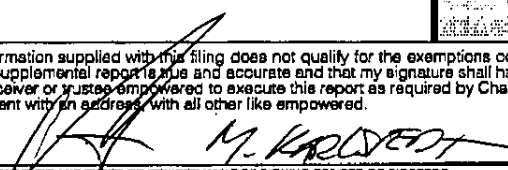
04/28/2006 FRI 15:36 FAX 941 639 8962 Webb, Lorah & Co.

0003/004

FILED

May 08, 2006 08:00 A
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000002239 1. Entity Name IQ AIR INC.		
Principal Place of Business 1492 PULASKI ST. PORT CHARLOTTE, FL 33952		Mailing Address 1492 PULASKI ST. PORT CHARLOTTE, FL 33952
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KARLSTEDT, MAGNUS 1492 PULASKI ST. PORT CHARLOTTE, FL 33952		DO NOT WRITE 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 reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KARLSTEDT, MAGNUS 1492 PULASKI ST. PORT CHARLOTTE, FL 33952	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-28-06 941-639-8962 Date Daytime Phone



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1078534	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**