2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000696

Name:

Address:

City-St-Zip:

FILED Jul 09, 2007 Secretary of State

Entity Na	me: FLEXXAIRE MANUFACTURING INC.					
Current P	rincipal Place of Business:	New Princ	ipal Place of B	usiness:		
EDMONT	0 STREET DN, ALBERTA DN, ALBERTA, CANADA, AB T5S 1C3 CN	I				
Current M	lailing Address:	New Maili	ng Address:			
	0 STREET ON, AB, CANADA, AB T5S 1C3 CN					
FEI Number	: FEI Number Applied For ()	FEI Number Not Appl	icable (X)	Certificate of Status Desire	ed ()	
Name and	Address of Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
2731 EXEC SUITE 4	VICES, INC. CUTIVE PARK DRIVE , FL 33331 US					
	named entity submits this statement for the le of Florida.	purpose of changing i	ts registered offi	ce or registered agent,	or both,	
SIGNATU	RE:					
	Electronic Signature of Registered Ag	ent		Date		
	ce with s. 607.193(2)(b), F.S., the corporation did no	ot receive the prior notic	e.			
	S AND DIRECTORS:	ADDITION	S/CHANGES T	O OFFICERS AND DII	RECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete FRIESEN, DARYL 10430- 180 STREET EDMONTON, ALBERTA CANADA, AB T5S1C3 CN	Title: Name: Address: City-St-Zip:	()0	hange () Addition		
Title: Name: Address: City-St-Zip:	SD () Delete SCRUGGS, RUSSELL 10430 - 180 STREET EDMONTON, ALBERTA, CANADA, AB T5S1C3 CN	Title: Name: Address: City-St-Zip:	DRURY, GORDO 10430 - 180 STR		03 CN	
Title: Name: Address: City-St-Zip:	TD () Delete NELSON, DARRYL 10430 - 180 STREET EDMONTON, ALBERTA, CANADA, AB T5S1C3 CN	Title: Name: Address: City-St-Zip:	NELSON, DARRY 10430 - 180 STR		03 CN	
Title:	() Delete	Title:	D ()C	hange (X) 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.

Name:

Address:

City-St-Zip:

MCLEOD, SCOT

10430 - 180 STREET

EDMONTON, ALBERTA, CANADA, AB T5S1C3 CN

SIGNATURE: DARYL FRIE	ESEN	Р	07/09/2007
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