

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000003332

1. Entity Name
COOLING TOWER DEPOT, INC.



Principal Place of Business
651 COPORATE CIRCLE
SUITE 206
GOLDEN, CO 80401

Mailing Address
651 COPORATE CIRCLE
SUITE 206
GOLDEN, CO 80401

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01092008 Chg-P CR2E034 (12/06)

4. FEI Number
04-3750892 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME ADAMS, STEVEN D
STREET ADDRESS 651 COPORATE CIRCLE, SUITE 206
CITY-ST-ZIP GOLDEN, CO 80401

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE ST Delete
NAME HOUT, MARTIN E
STREET ADDRESS 651 COPORATE CIRCLE, SUITE 206
CITY-ST-ZIP GOLDEN, CO 80401

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE D Delete
NAME KAST, MICHAEL
STREET ADDRESS 651 COPORATE CIRCLE, STE 206
CITY-ST-ZIP GOLDEN, CO 80401

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE President
NAME MICHAEL KAST
STREET ADDRESS 651 COPORATE CIRCLE, STE 206
CITY-ST-ZIP GOLDEN, CO 80401

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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: *Walter Dout*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC.

1/19/08 720-746-1234

Date

Daytime Phone #