

2006

ANNUAL REPORT

FILED  
Jan 31, 2006 08:00 AM  
Secretary of State

DOCUMENT # F04000075949

1. Entity Name  
CAROLINA FRESH AIRE, INC.



Principal Place of Business  
10106 HOLCOMB CT.  
ORLANDO, FL 32836

Mailing Address  
10106 HOLCOMB CT.  
ORLANDO, FL 32836



01132008 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
48-1266334

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fees Required

6. Name and Address of Current Registered Agent

STEWART, GARY  
10106 HOLCOMB CT.  
ORLANDO, FL 32836

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 retreating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DASBACH, LEN 12 SUNDOME CT. BLUFFTON, SC 29909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STEWART, GARY 10106 HOLCOMB CT. ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/10/05-30041-025 55.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-25-06

Date

407-226-9878

Daytime Phone #