FILED
Aug 30, 2007 08:00 A
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000005903

1. Entity Name
COMPRESSOR CONTROLS CORPORATION

Principal Place of Business	Mailing Address
1605 MAIN STREET, STE 711 SARASOTA, FL 34236-5833	2160 SATELLITE BLVD., SUITE 200 DULUTH, GA 30097

DO NOT WRITE IN THIS SPACE

07092007 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1273676
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	WINFREY, TIMOTHY J
STREET ADDRESS	2689 TRANQUILLA WAY
CITY-ST-ZIP	*DULUTH, GA 30097*
TITLE	VPVC
NAME	SONI, PAUL J
STREET ADDRESS	4061 GLEN VISTA COURT
CITY-ST-ZIP	DULUTH, GA 30097
TITLE	SD
NAME	LINER, DAVID B
STREET ADDRESS	2221 BLOOMFIELD
CITY-ST-ZIP	WEST BLOOMFIELD, MI 48323
TITLE	T
NAME	IVERS, TINA
STREET ADDRESS	4725 121ST
CITY-ST-ZIP	DES MOINES, IA 50323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/30/07-80001-017 158.75

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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: Paul S. Soni 7/30/07 941-556-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #