


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 29 AM 9:05

<b>DOCUMENT # F05000006823</b> 1. Entity Name <b>AIR-RELIEF, INC.</b>					
Principal Place of Business <b>1800 GARDNER EXPRESSWAY QUINCY, IL 62301</b>			Mailing Address <b>1800 GARDNER EXPRESSWAY QUINCY, IL 62301</b>		
2. Principal Place of Business - No P.O. Box # <b>32 East Powell Rd.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Mayfield, KY</b>		City & State			
Zip <b>42066</b>	Country <b>USA</b>	Zip	Country	4. FEI Number <b>61-1083114</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHULL, J. DENNIS</b> <b>1800 GARDNER EXPRESSWAY</b> <b>QUINCY, IL 62305</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800130740288</b> <b>06/04/08--01034--004 **588.75</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CORNELL, HELEN W</b> <b>1800 GARDNER EXPRESSWAY</b> <b>QUINCY, IL 62305</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PAGLIARA, TRACY D</b> <b>1800 GARDNER EXPRESSWAY</b> <b>QUINCY, IL 62305</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>STEELE, JEREMY T</b> <b>1800 GARDNER EXPRESSWAY</b> <b>QUINCY, IL 62305</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Helen W. Cornell</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u><i>Helen W. Cornell 4/22/08</i></u> Date		
			<u><i>217-222-5400</i></u> Daytime Phone #		