2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005097

Entity Name: ENGINEERED COOLING SERVICES, INC

FILED Apr 10, 2007 Secretary of State

		NEB COCEINO CENTROLO, IIV	J.				
Current Principal Place of Business:				New Principal Place of Business:			
767 FIFTH AVE - 48TH FLOOR NEW YORK, NY 10153				2442 EXECUTIVE PLAZA PENSACOLA, FL 32504			
Current Mailing Address:				New Mailing Address:			
767 FIFTH AVE - 48TH FLOOR NEW YORK, NY 10153				2442 EXECUTIVE PLAZA PENSACOLA, FL 32504			
FEI Number: 87-0769487 FEI Number Applied For () FEI Number				mber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered Agent:	
1200 SOUT	ORATION SYS FH PINE ISLAN ON, FL 33324						
The above in the State		ubmits this statement for the pur	rpose o	f changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE:						
	Electroni	c Signature of Registered Agent	t			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BLOUNT, W. FR 767 FIFTH AVE- NEW YORK, NY	- 48TH FLOOR		Title: Name: Address: City-St-Zip:	BLOUNT, W. FR	- 48TH FLOOR	
Title: Name: Address: City-St-Zip:	VPAS () NELSON, GORD 767 FIFTH AVE - NEW YORK, NY	- 48TH FLOOR		Title: Name: Address: City-St-Zip:	NELSON, GOR	- 48TH FLOOR	
Title: Name: Address: City-St-Zip:	VPD () BUTLER, DAVID 767 FIFTH AVE - NEW YORK, NY	- 48TH FLOOR		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	AS () FISHER, G. ROE 4520 MAIN ST - KANSAS CITY, M	STE 1100		Title: Name: Address: City-St-Zip:	P (X) DOYLE, PETER 2442 EXECUTI' PENSACOLA, F	VE PLAZA	
Title: Name: Address: City-St-Zip:	AS () CARLSON, JAMI 767 FIFTH AVE - NEW YORK, NY	- 48TH FLOOR		Title: Name: Address: City-St-Zip:	CFO (X) ADAMS, DREW 2442 EXECUTI' PENSACOLA, F	VE PLAZA	
Title: Name: Address: City-St-Zip:	AS () RIST, STEVEN L 4520 MAIN ST - KANSAS CITY, M	STE 1100		Title: Name: Address: City-St-Zip:	()) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: STEVEN L. RIST AS 04/10/2007