


FILED  
Mar 22, 2004 8:00 am  
Secretary of State

03-22-2004 90052 031 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # F19629</b> 1. Entity Name DENCO AIR CONDITIONING, INC.	
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94033570



Principal Place of Business C/O DENZIL L SMALLRIDGE 5280 N 10TH AVE LAKE WORTH, FL 33463	Mailing Address C/O DENZIL L SMALLRIDGE 5280 N 10TH AVE LAKE WORTH, FL 33463
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2. Principal Place of Business 5280 10th Avenue North Suite, Apt. #, etc.	3. Mailing Address 5280 10th Avenue North Suite, Apt. #, etc.
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03162004 Chg-P CR2E034 (10/03)

City & State Lake Worth, Florida	City & State Lake Worth, Florida
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4. FEI Number 59-2052769	Applied For Not Applicable
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Zip 33463	Country USA	Zip 33463	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMALLRIDGE, MARK A. 1498 FARMNINGTON CT. WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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FL	Zip Code
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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.

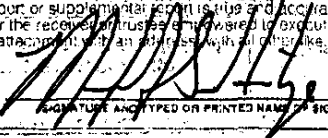
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00.</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. DELETED OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3)(k) 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. If this corporation or the receiver or trustee is empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered, please

SIGNATURE: 

3-15-04 (Seal) 964-1220