2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State DOCUMENT #F19629 04-30-2007 90866 017 ***150.00 DENCO AIR CONDITIONING, INC. Principal Place of Business Mailing Address ~ 40400 5280 10TH AVE N. 5280 10TH AVE N. LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2781 Vista Parkway 2781 Vista Packway 01272007 Chg-P CR2E034 (12/06) Suite K3 4. FEI Number Applied For 59-2052769 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33411 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMALLRIDGE, MARK A. Street Address (P.O. Box Number is Not Acceptable) 1498 FARMNINGTON CT. WELLINGTON, FL 33414 Zip Code FL 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 femiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FiLE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F DP Delete TITI F ☐ Change ☐ Addition SMALLRIDGE, MARK A NAME NAME STREET ADDRESS 1498 FARMNINGTON CT. STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI 12. I hereby certify that the information supplied with this filing indicated on this poort or supplemental report is true and of the corporation or the receiver pymostecempowered to, changed, or on an attachment with an address with all ginds. does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it for the sympowered. SIGNATURE