


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000004088 1. Entity Name AIR DIFFUSION PRODUCTS, INC.	
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Principal Place of Business 4045 PINES INDUSTRIAL AVENUE ROCKLEDGE, FL 32955 US	Mailing Address 4045 PINES INDUSTRIAL AVENUE ROCKLEDGE, FL 32955 US
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1659485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKE, MATTHEW T CPA  
 503 N ORLANDO AVE  
 SUITE 106  
 COCOA BEACH, FL 32931

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUDSON, DONALD L 104 RIVERSIDE DR COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HUDSON, TIMOTHY S 122 VALENCIA RD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DIECK, CAROL V 8766 LIVE OAK CT CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000011226  
01/23/04-80028-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carol V. Dieck  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/20/04 Daytime Phone #: (321) 631-7211