2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000004088

1. Entity Name
AIR DIFFUSION PRODUCTS, INC.

Principal Place of Business	Mailing Address
4045 PINES INDUSTRIAL AVENUE ROCKLEDGE, FL 32955 US	4045 PINES INDUSTRIAL AVENUE ROCKLEDGE, FL 32955 US

DO NOT WRITE IN THIS SPACE

02162006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-1659485

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000470823
03/28/06-80029-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUDSON, DONALD L
STREET ADDRESS	104 RIVERSIDE DR
CITY-ST-ZIP	COCOA, FL 32922
TITLE	DV
NAME	HUDSON, TIMOTHY S
STREET ADDRESS	122 VALENCIA RD
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	SD
NAME	DIECK, CAROL V
STREET ADDRESS	8766 LIVE OAK CT
CITY-ST-ZIP	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	

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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: Donald L. Hudson 03/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #