## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 21, 2006 08:00 AM DOCUMENT # F98000004240 **Secretary of State** PIEDMONT FAN DYNAMICS INC. Principal Place of Business Mailing Address 1954 LAKE AVE SE 3139 SHORELINE DR. CLEARWATER, FL 33760 LARGO, FL 33771 01232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 56-1858268 \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent HEAD, THOMAS E DO NOT WRITE 3139 SHORELINE DR. CLEARWATER, FL 33760 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HEAD, THOMAS E NAME STREET ADDITESS 3139 SHORELINE DR. CITY-ST-712 CLEARWATER, FL 33760 11000000443159 TITLE 113/114/116-80050-008 150.00 NAME HEAD, DORA L STREET ADDRESS 1700 NATCHEZ TRACE CITY-ST-ZIP GREENSBORO, NC 27455 TITLE NASCE STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 cath; 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:

TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP

Thomas Elder

Thomas E. Head

2/17/06

(727) 548-5466

FILED

Date

Daytime Phone 1