2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SI

Mar 30, 2006 8:00 am Secretary of State DOCUMENT # H26041 1. Entity Name 03-30-2006 90034 046 ***150.00 CLIMATE DESIGN, INC. Principal Place of Business Mailing Address 2327 TUSCARORA TRAIL 2327 TUSCARORA TRAIL MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address 2327 TUSCARORA TR. 2327 TUSCARORA TR. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 59-2469837 MATTLAND Not Applicable MAITLAND Country Country \$8.75 Additional Zip 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREWER, TINA M Street Address (P.O. Box Number is Not Acceptable) 2327 TUSCARORA TRAIL MAITLAND FL 32751 Zip Code 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 SECRETARY STEPHEN C. BREWER Addition TITLE Delete TITLE ☐ Change NAME BREWER, ROBERT D NAME STREET ADDRESS 2327 TUSCARORA TR. STREET ADDRESS 2327 TUSCARORA TRAIL CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP MAITLAND FL 32751 ☐ Change ☐ Addition ☐ Delete 7171 F TITLE NAME RREWER, TINA M 2327 TUSCARORA TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY+ST-ZIP [] Change Addition TITLE Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7/P Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

MARCH 23-06 407-928