2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32704

Entity Name: CENTRAL AIRE CONDITIONING, INC.

FILED Feb 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2706 SE SANTA BARBARA PL CAPE CORAL, FL 33914 US

Current Mailing Address: New Mailing Address:

% PETER J. GOWING
5408 SW 26 AVE
CAPE CORAL, FL 33914 US

% PETER J. GOWING
12441 SUMMERWOOD DR
FORT MYERS, FL 33908 US

FEI Number: 59-2772070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOWING, PETER J.
5408 S.W. 26 AVE.
CAPE CORAL, FL 33914 US
GOWING, PETER J.
12441 SUMMERWOOD DR
FORT MYERS, FL 33908 US

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.

SIGNATURE: PETER J. GOWING 02/21/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: GOWING, PETER J., GOWING, PETER J., Name: Name: 5408 S.W. 26 AVE. 12441 SUMMERWOOD DR Address: Address: City-St-Zip: CAPE CORAL, FL City-St-Zip: FORT MYERS, FL 33908 US

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 GOWING, LYNNE E.,
 Name:
 GOWING, LYNNE E.,

 Address:
 5408 S.W. 26 AVE.
 Address:
 12441 SUMMERWOOD DR

 City-St-Zip:
 CAPE CORAL, FL
 City-St-Zip:
 FORT MYERS, FL 33908 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. GOWING PRES 02/21/2005