

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L04408 |  |
| 1. Entity Name ARCTIC BREEZE AIR CONDITIONING, INC. | |

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|---|---|
| Principal Place of Business 6450 SW 56TH STREET DAVIE, FL 33314-7131 US | Mailing Address 6450 SW 56TH STREET DAVIE, FL 33314-7131 US |
|---|---|

DO NOT WRITE IN THIS SPACE



06302007 No Chg-P CR2E034 (11/05)

| | |
|----------------------------------|--|
| 4. FEI Number 65-0253659 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CARRIER, LEO D
 6450 SW 56TH STREET
 DAVIE, FL 33314-7131

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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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST CARRIER, LEO D 6450 SW 56TH STREET DAVIE, FL 333147131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000767056
 07/05/07-80009-005 558.75

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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: *Leo D Carrier* 6-30-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #