


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90001 017 \*\*\*158.75

<b>DOCUMENT # L06707</b> 1. Entity Name <b>MOBILE REFRIGERATION SYSTEMS, INC.</b>	
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Principal Place of Business <b>1641-A SW 7TH AVENUE POMPANO BCH., FL 33060 US</b>	Mailing Address <b>1641-A SW 7TH AVENUE POMPANO BCH., FL 33060 US</b>
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**50026234**



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0141443</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>WALL, ROBERT 1641-A SW 7TH AVENUE POMPANO BCH., FL 33060</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: *Robert Wall* *V. Pres.* *July 7, 2006*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALL, ROBERT 1641-A SW 7TH AVENUE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. WALL, RITA 1641-A SW 7TH AVENUE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Tate, Cheryl Same address as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Rita Wall V.P.* *7/7/06* *954-786-8595*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #