2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2008 8:00 am Secretary of State DOCUMENT # L09270 04-21-2008 90053 021 ***158.75 1. Entity Name A DELUXE AIR CONDITIONING & HEATING, INC. Principal Place of Business Mailing Address 11700 NW 14TH ST. 11700 NW 14TH ST. PLANTATION, FL 33323-2412 PLANTATION, FL 33323-2412 03052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0143129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALL FLORIDA FIRM, INC DO NOT WRITE 465 S VOLUSIA AVE STE C ORANGE CITY, FL 32763 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS TITLE VILLAGIO, VITO NAME 11700 NW 14 ST. STREET ADDRESS CITY-ST-ZIP PLANTATION, FL TITLE Dominique Villagio NAME STREET ADDRESS 2 PI WH 00511 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED