2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18572

Entity Name: ABSOLUTE AIR CONDITIONING, INC.

FILED Apr 23, 2009 Secretary of State

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

6900 PHILLIPS HWY 3762 SPRINGCREST COURT # 22 LAKE WORTH, FL 33467 U

JACKSONVILLE, FL 32216 US

Current Mailing Address: New Mailing Address:

6900 PHILLIPS HWY 3762 SPRINGCREST COURT LAKE WORTH, FL 33467 US

JACKSONVILLE, FL 32216 US

FEI Number: 65-0150803 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:

MARTINEZ, ORLANDO
6900 PHILLIPS HWY
677 N WASHINGTON BLVD
SUITE # 22
JACKSONVILLE, FL 32216 US

KEVIN F SANDERSON CHARTERED
677 N WASHINGTON BLVD
SUITE 7A
SARASOTA, FL 34236 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: KEVIN F SANDERSON 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition

 Name:
 MARTINEZ, ORLANDO

 Address:
 6900 PHILLIPS HWY SUITE #22

 City-St-Zip:
 JACKSONVILLE, FL 32216 US

 Name:
 MARTINEZ, ORLANDO

 Address:
 3762 SPRINGCREST CIRCLE

 City-St-Zip:
 LAKE WORTH, FL 33467 US

Title: P (X) Delete Title: () Change () Addition

 Name:
 MARTINEZ, ORLANDO
 Name:

 Address:
 6900 PHILLIPS HWY
 Address:

 City-St-Zip:
 SUITE #22, FL 32216 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ORLANDO MARTINEZ P 04/23/2009