2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 28, 2009
Secretary of State

DOCUMENT# L31166

Entity Name: TRI-TECH AIR CONDITIONING, INC.

Current Principal Place of Business:

1041 SEMINOLA BOULEVARD
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

1041 SEMINOLA BOULEVARD
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-2979173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIER, STEPHEN
1041 SEMINOLA BOULEVARD
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DSV ( ) Delete
Name: TRIER, STEPHEN
Address: 1041 SEMINOLA BOULEVARD
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Delete
Name: TRIER, LISA
Address: 1041 SEMINOLA BOULEVARD
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Delete
Name: COE, BRADLEY
Address: 1041 SEMINOLA BOULEVARD
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Delete
Name: ROBINSON, DARRYL
Address: 1041 SEMINOLA BOULEVARD
City-St-Zip: CASSELBERRY, FL 32707

Title: TREA ( ) Delete
Name: ROOT, KATHLEEN
Address: 1041 SEMINOLA BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: SEC ( ) Delete
Name: CANADA, DAWN
Address: 1041 SEMINOLA BLVD
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: TRIER, STEPHEN T
Address: 1041 SEMINOLA BOULEVARD
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: KATHLEEN ROOT TREA 10/28/2009

Electronic Signature of Signing Officer or Director Date