2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2005
Secretary of State

DOCUMENT# L34132

Entity Name: TROPICOOL AIR CONDITIONING, INC.

Current Principal Place of Business:

2071 SOUTH-PINE STREET
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

2071 SOUTH-PINE STREET
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 65-0164911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAPP, PAMELA LYNN
2071 SOUTH PINE STREET
ENGLEWOOD, FL 34224 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAPP, JOSEPH RICHARD,
Address: 2071 SOUTH-PINE STREET
City-St-Zip: ENGLEWOOD, FL 34224

Title: S ( ) Delete
Name: SAPP, PAMELA,
Address: 2071 SOUTH PINE STREET
City-St-Zip: ENGLEWOOD, FL 34224

Title: T ( ) Delete
Name: SAPP, BRIAN
Address: 525 - 65 AVENUE EAST
City-St-Zip: BRADENTON, FL 342037630

Title: V ( ) Delete
Name: SAPP, MICHAEL
Address: 1608 WAGONWHEEL ROAD
City-St-Zip: WIMAUMA, FL 33598

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: JOSEPH RICHARD SAPP P 01/16/2005

Electronic Signature of Signing Officer or Director — Date