

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L63074

FILED
Apr 18, 2005
Secretary of State

Entity Name: CUSTOM AIR DESIGN, INC.

Current Principal Place of Business:

% TIMOTHY K. WALTERS
502 NE 43RD ST
OAKLAND PARK, FL 33334

Current Mailing Address:

% TIMOTHY K. WALTERS
502 NE 43RD ST
OAKLAND PARK, FL 33334

New Principal Place of Business:

% TIMOTHY K. WALTERS
2236 SE 9 STREET
POMPANO BEACH, FL 33062

New Mailing Address:

% TIMOTHY K. WALTERS
2236 SE 9 STREET
POMPANO BEACH, FL 33062

FEI Number: 65-0194695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, TIMOTHY K.
502 NE 43RD ST
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

WALTERS, TIMOTHY K.
2236 SE 9 STREET
POMPANO BEACH, FL 33062 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:

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WALTERS, TIMOTHY K.,
Address: 2236 SE 9TH ST
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TIMOTHY K. WALTERS, PRESIDENT

PRES

04/18/2005

Electronic Signature of Signing Officer or Director

Date