
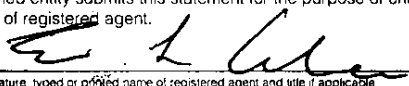
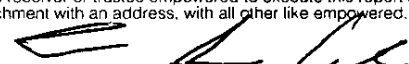


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90005 034 ***150.00

DOCUMENT # L68039 1. Entity Name AIRE FLO II, INC.																											
Principal Place of Business 9600 W SAMPLE RD SUITE 303 CORAL SPRINGS, FL 33065 US		Mailing Address 9600 W SAMPLE RD SUITE 303 CORAL SPRINGS, FL 33065 US																									
2. Principal Place of Business - No P.O. Box # 12053 ROYAL Palm Blvd		3. Mailing Address 12053 ROYAL Palm Blvd																									
Suite, Apt. #, etc. J-3		Suite, Apt. #, etc. J-3																									
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS, FL																									
Zip 33065		Zip 33065																									
Country USA		Country USA																									
4. FEI Number 65-0212271		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent COHEN, EVAN 9600 WEST SAMPLE ROAD, STE. 303 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name COHEN, EVAN Street Address (P.O. Box Number is Not Acceptable) 12053 ROYAL Palm Blvd - J-3 City CORAL SPRINGS FL Zip Code 33065																									
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  DATE APRIL 30, 2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>COHEN, EVAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9600 W. SAMPLE RD, STE 303</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL SPRINGS, FL 33065</td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	COHEN, EVAN		STREET ADDRESS	9600 W. SAMPLE RD, STE 303		CITY - ST - ZIP	CORAL SPRINGS, FL 33065		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>VP. COHEN, ROBYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12053 ROYAL Palm Blvd</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL SPRINGS FL 33065</td> <td></td> </tr> </table>		TITLE	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	VP. COHEN, ROBYN		STREET ADDRESS	12053 ROYAL Palm Blvd		CITY - ST - ZIP	CORAL SPRINGS FL 33065	
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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: 		Date APRIL 30, 2007 Daytime Phone # 754 368 5768																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											