

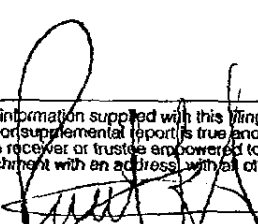


FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M49137			
1. Entity Name REFRIGERATION UTILITIES, INC.			
Principal Place of Business C/O ROBERT J. TAYLOR 21521 WOODCHUCK CT BOCA RATON, FL 33428		Mailing Address 21521 WOODCHUCK CT BOCA RATON, FL 33428	
DO NOT WRITE IN THIS SPACE			
		03082006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2338897	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, ROBERT J 21521 WOODCHUCK CT BOCA RATON, FL 33428		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reissuing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PSTD TAYLOR, ROBERT J. 21521 WOODCHUCK CT BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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 without other like empowered.			
SIGNATURE:  Robert Taylor		3-9-06 561-483-4533	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	