


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90054 041 ***150.00

DOCUMENT # P00000034712 1. Entity Name AIR SOURCE CORPORATION					
Principal Place of Business 1319 ST TROPEZ CIR UNIT 1207 WESTON, FL 33326			Mailing Address 1319 ST TROPEZ CIR UNIT 1207 WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 2900 GLADES CIRCLE		3. Mailing Address 2900 GLADES CIRCLE			
Suite, Apt. #, etc. SUITE 600		Suite, Apt. #, etc. SUITE 600			
City & State WESTON FL		City & State WESTON FL		4. FEI Number 65-0996525	
Zip 33327		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VASEY, DAVID 1319 ST. TROPEZ CIRCLE UNIT 1207 FORT LAUDERDALE, FL 33326			7. Name and Address of New Registered Agent Name VASEY, DAVID Street Address (P.O. Box Number is Not Acceptable) 2783 OAKBROOK DR City WESTON FL 33332		
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 <u><i>David J. Vasey</i></u> DAVID J. VASEY 1/5/08 <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, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD VASEY, DAVID 1319 ST. TROPEZ CIRCLE, UNIT 1207 WESTON, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD VASEY, CONNIE 1319 ST. TROPEZ CIRCLE, UNIT 1207 FORT LAUDERDALE, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>David J. Vasey</i></u> DAVID J. VASEY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/5/08 954/654-2550 <small>Date Daytime Phone #</small>		