


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State


06-01-2006 90002 003 ***158.75

DOCUMENT # P00000061658	
1. Entity Name COMET AIRE CORP.	

Principal Place of Business 13376 TEMPLE BLVD WEST PALM BEACH, FL 33412	Mailing Address 13376 TEMPLE BLVD SUITE 209 WEST PALM BEACH, FL 33412
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>13376 Temple Blvd</i> Suite, Apt. #, etc.
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City & State <i>West Palm Beach, FL</i>	City & State <i>West Palm Beach, FL</i>
Zip <i>33412</i>	Country <i>Palm Beach</i>

50020198

05162006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3654069	Applied For Not Applicable
5. Certificate of Status Desired <i>F</i>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODIER, CORINNE 15320 TEMPLE BLVD LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODIER, ANDRE C 15320 TEMPLE BLVD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RODIER, WILLIAM 15320 TEMPLE BLVD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RODIER, CORINNE 15320 TEMPLE BLVD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *William Rodier* **5-25-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #