2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Mar 30, 2007 08:00 AM DOCUMENT # P00000114603-**Secretary of State** 1. Entity Name NATURAL AIR HEATING & COOLING SYSTEMS, INC. Principal Place of Business Mailing Address 6455 HWY 60 EAST LAKE WALES FL 33898 US 6455 HWY 60 EAST LAKE WALES FL 33898 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite Apt # otc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-3712695 Not Applicable Ζıρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARSON, JONATHAN 6455 HWY 60 EAST Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33898 Zip Code City 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. Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition ☐ Delete HILE Change U00000684074 CARSON, JONATHAN NAME NAME 04/06/07-80017-024 150.00 284 ACACIA WALK STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition SHEPPARD, MICHAEL NAME NAME 1015 HIGHVIEW DR STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CHY-ST-7IP Delete TITLE ☐ Change Addition TITLE CARSON, SYLVIA NAME NAME STREET ADDRESS 3524 TWISTED OAK CT STREET ADDRESS LAKE WALES FL 33853 CITY-ST 7/P C!TY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-7IP ☐ Delete HILE Change TIDE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

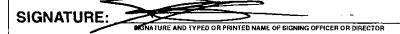
STREET ADDRESS

CITY - ST-ZIP

TITLE

NAME

Delete



STREET ADDRESS

CITY-ST-7IP

Change

■ Addition