


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90184 008 ***150.00

DOCUMENT # P00000115470 1. Entity Name AIRE DYNAMIX SYSTEMS, INC.	
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Principal Place of Business 8610 INDIES DRIVE HUDSON, FL 34667	Mailing Address 8610 INDIES DRIVE HUDSON, FL 34667
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03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3687593	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

WEATHERWAX, DAWN
 8610 INDIES DRIVE
 HUDSON, FL 34667

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEATHERWAX, JAMES A 8610 INDIES DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <i>S</i> WEATHERWAX, DAWN R 8610 INDIES DRIVE HUDSON, FL 34667 <i>Add Secretary to Dawn Weatherwax</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMORELLI, EMANUEL 716 CHILT DRIVE BRANDON, FL 33510 <i>Remove Amorelli, Emanuele</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X Weatherwax* *4/29/04* *727-868-5145*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #