

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90127 035 \*\*\*150.00

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01242005 Chg-P CR2E034 (10/03)

DOCUMENT # P0000115470					
1. Entity Name AIRE DYNAMIX SYSTEMS, INC.					
Principal Place of Business 8610 INDIES DRIVE HUDSON, FL 34667		Mailing Address 8610 INDIES DRIVE HUDSON, FL 34667			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3687593	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEATHERWAX, DAWN 8610 INDIES DRIVE HUDSON, FL 34667			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: <i>Dawn Weatherwax</i>		(NOTE: Registered Agent signature required when reinstating)		DATE: 4-26-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <del>WEATHERWAX, JAMES A</del>	<input checked="" type="checkbox"/> Delete	TITLE	PD Dawn Weatherwax	change <input checked="" type="checkbox"/> Addition
NAME	<del>WEATHERWAX, JAMES A</del>		NAME	8610 Indies Dr	
STREET ADDRESS	8610 INDIES DRIVE		STREET ADDRESS	Hudson FL 34667	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	VTDS WEATHERWAX, DAWN R	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERWAX, DAWN R		NAME		
STREET ADDRESS	8610 INDIES DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	S <del>AMORELLI, EMANUEL</del>	<input checked="" type="checkbox"/> Delete	TITLE	S Dawn Weatherwax	change <input checked="" type="checkbox"/> Addition
NAME	<del>AMORELLI, EMANUEL</del>		NAME	8610 Indies Dr	
STREET ADDRESS	716 GHILT DRIVE		STREET ADDRESS	Hudson FL 34667	
CITY-ST-ZIP	BRANDON, FL 33510		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Dawn Weatherwax</i>		4-26-05		868-5145	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	