

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000016832

FILED
May 24, 2007
Secretary of State

Entity Name: ADVANCE AIR COMPRESSOR SALES & REPAIRS, INC.

Current Principal Place of Business:

707 JACARANDA DRIVE
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

P O BOX 177
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 22-3789473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMAYDA, DAN
707 JACARANDA DRIVE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: SMAYDA, DAN
Address: 707 JACARANDA DR
City-St-Zip: OLDSMAR, FL 34677

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA () Change (X) Addition
Name: PERSAUD, ANDY G
Address: 707 JACARANDA DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: SECT () Change (X) Addition
Name: PERSAUD-SMAYDA, DI
Address: 707 JACARANDA DRIVE
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. ANDY PERSAUD

TREA

05/24/2007

Electronic Signature of Signing Officer or Director

Date