## 2007 FOR PROFIT CORPORATION

## Mar 01, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P01000025962 03-01-2007 90003 046 \*\*\*158.75 SNOW MASTER EVAPORATIVE SNOW SYSTEMS, INC. Principal Place of Business Mailing Address 9715 W BORWARD BLVD SW 217 3481 COUNTY RD 93 40026255 PLANTATION, FL 33324 ANDERSON, AL 35610 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11054 County 11054 County Road Roud Suite, Apt. #, etc. Suite, Apt. #, etc. 02222007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For exington exington 65-1084014 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 12SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Michael B. Giles CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 13784 Exotica Lane 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 Wellington 8. The above harned 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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Channe ☐ Addition GUERRA, FRANCISCO NAME NAME GUERRA, FRANCISCO 1645 County Road 153 STREET ADDRESS 3481 COUNTY RD 93 STREET ADDRESS CITY-ST-ZIP ANDERSON, AL 35610 CITY-ST-ZIE Lexington, AL 35648 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE \_\_\_ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

I hereby certify that the information supplied with this filling 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

SIGNATURE:

trancisco Loverra SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

254-229*-55*51

Date

FILED