2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066314

Entity Name: LEWIS AIR CONDITIONING, INC.

FILED May 04, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

 106 N. HAMPTON CT.
 21913 NW 70TH AVE

 SANFORD, FL 32773
 US

 STARKE, FL 32091
 US

Current Mailing Address: New Mailing Address:

106 N. HAMPTON CT. P.O.BOX278

SANFORD, FL 32773 US RAIFORD, FL 32083 US

FEI Number: 59-3729662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 LEWIS, GEORGE W
 LEWIS, GEORGE W

 106 N. HAMTPON CT.
 17548 NW 36TH AVE

 SANFORD, FL 32773
 US

 STARKE, FL 32091
 US

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: 05/04/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

106 N. HAMPTON CT

SANFORD, FL 32773

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DPT
 () Delete
 Title:
 DPT
 (X) Change () Addition

 Name:
 LEWIS, GEORGE W

LEWIS, GEORGE W

 Address:
 106 N. HAMPTON CT.
 Address:
 21913 NW 70TH AVE

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:
 STARKE, FL 32091

Title: VS () Delete Title: VS (X) Change () Addition

 Name:
 LEWIS, ANDREW W
 Name:
 LEWIS, ANDREW W

 Address:
 106 N. HAMPTON CT.
 Address:
 21913 NW 70TH AVE

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:
 STARKE, FL 32091

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HUFFMAN, LAURA B
 Name:
 LEWIS, ROBBI L

 Address:
 106 N. HAMPTON CT
 Address:
 21913 NW 70TH AVE

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:
 STARKE, FL 33201

Title: D (X) Delete Title: () Change () Addition Name: SELLERS, MITTIE J Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE W. LEWIS DPT 05/04/2006