2005 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 24, 2005 08:00 AM DOCUMENT # P01000071547 Secretary of State ADVANCED THERMAL SOLUTIONS, INC. Mailing Address Principal Place of Business 416 EAST HALLANDALE BEACH BLVD 416 EAST HALLANDALE BEACH BLVD HALLANDALE, FL 33009 HALLANDALE, FL 33009 No Chg-P CR2E034 (10/03) 01182005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1122945 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROTHENBERG, STEPHEN B DO NOT WRITE 416 EAST HALLANDALE BEACH BLVD HALLANDALE, FL 33009 IN THIS SPACE 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) U00000190448 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 01/24/05-80132-021 150.00 10. OFFICERS AND DIRECTORS HILE ROTHENBERG, STEPHEN B NAME STREET ADDRESS 416 EAST HALLANDALE BEACH BLVD CITY-ST-ZIP HALLANDALE, FL 33009 NAME ROTHENBERG, STEPHEN 416 EAST HALLANDALE BEACH BLVD STREET ADDRESS CHY-ST-ZIP HALLANDALE, FL 33009 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP

NAME STREET ADDRESS CiTY-ST-7tP

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 attachme

SIGNATURE:

HELE

NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FICER OR DIRECTOR

IN THIS SPACE