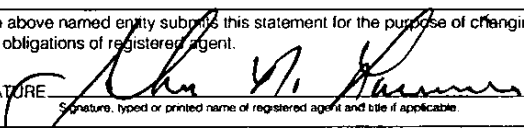
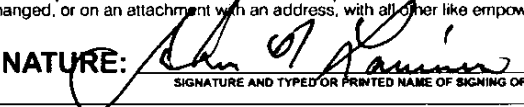


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90076 018 ***150.00

DOCUMENT # P01000122400 1. Entity Name ADVANCED A/C & HEATING, INC.			
Principal Place of Business 121 BERGER PL FT WALTON BCH, FL 32548		Mailing Address 121 BERGER PL FT WALTON BCH, FL 32548	
2. Principal Place of Business - No P.O. Box # 36 S.E. Eglin Pkwy Suite, Apt. #, etc.		3. Mailing Address 36 S.E. Eglin Pkwy Suite, Apt. #, etc.	
City & State Fort Walton Beach Zip FL Country Okaloosa		City & State Fort Walton Beach Zip FL Country Okaloosa	
4. FEI Number 94-3414564		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALTNRASH, CLEVELAND, & GUND 34 NE WALTER MARTIN ROAD FT WALTON BCH, FL 32548		7. Name and Address of New Registered Agent Name Pamela Bone Scheener CPA Street Address (P.O. Box Number is Not Acceptable) 210 Hospital Dr. City Ft Walton Beach FL Zip Code 32548	
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  _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P LARIMER, JOHN N 121 BERGER PL FT WALTON BCH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

40046359



03212007 Chg-P CR2E034 (12/06)