2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

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## FILED Mar 19, 2007 08:00 A Secretary of State DOCUMENT # P02000002697 A WILLETS-O'NEIL INDUSTRIAL FANS, INC. Principal Place of Business Mailing Address 2340 WEST 8TH LANE 7200 BISCAYNE BLVD. HIALEAH FL 33010 MIAMI FL 33138 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 80-0022235 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WILEN, BARRY A ESQ. Street Address (P.O. Box Number is Not Acceptable) 4601 SHERIDAN STREET **SUITE 208** HOLLYWOOD FL 33021 City Zip Code 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 Signature, typed or printed name of registered agent and title diapplicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. - Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mu Delete BRU Change Addition SCHEMER, STEVEN B NAMI NAMI 2340 WEST 8TH LANE STREET ADDRESS STREET LADDRESS U00000672273 /28/07-80062-HIALEAH FL 33010 CHY-SI-70 CHY-SI-ZIP 150,00 Delete 11111 DITE. Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZP ☐ Change TIRE Addition HILLE Delete NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Delete Change ☐ Addition mu mir. NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-7IP ☐ Delete Change Addition THU TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+SI-7IP TITLE ☐ Delete TITLE Change ■ Addition NAMI NAMI: STREET ADDRESS STREET ADDRESS CiTY+S1-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is through accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director

and that my name appears in Block 10 or Block 11