

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012480

FILED
Jan 21, 2007
Secretary of State

Entity Name: PROTOCOL COOLING SOLUTIONS, INC.

Current Principal Place of Business:

4839 SW 148TH AVENUE
SUITE 520
DAVIE, FL 33330

New Principal Place of Business:

1669 NW 144TH TERRACE
SUITE 203
SUNRISE, FL 33323

Current Mailing Address:

4839 SW 148TH AVENUE
SUITE 520
DAVIE, FL 33330

New Mailing Address:

1669 NW 144TH TERRACE
SUITE 203
SUNRISE, FL 33323

FEI Number: 75-2994607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, MONICA
4839 SW 148TH AVENUE
SUITE 520
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

SANCHEZ, MONICA
1669 NW 144TH TERRACE
SUITE 203
SUNRISE, FL 33323 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: MONICA SANCHEZ

01/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: POMPILIO, MONICA
Address: 4839 SW 148TH AVENUE SUITE 520
City-St-Zip: DAVIE, FL 33330

Title: V () Delete
Name: POMPILIO, CHRISTPHER J
Address: 4839 SW 148TH AVE, STE 520
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: POMPILIO, MONICA
Address: 1669 NW 144TH TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: V (X) Change () Addition
Name: POMPILIO, CHRISTPHER J
Address: 1669 NW 144TH TERRACE
City-St-Zip: SUNRISE, FL 33323

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: MONICA POMPILIO

PSD

01/21/2007

Electronic Signature of Signing Officer or Director

Date