2005 FOR PROFIT CORPORATION ****ANNUAL REPORT**

Feb 15, 2005 08:00 AM **Secretary of State DOCUMENT # P02000019074** 1. Entity Name TRANE DEPOT, INC. Principal Place of Business Mailing Address 8690 S. TROPICAL TRAIL PO BOX 372114 MERRITT ISLAND, FL. 32952 SATELLITE BEACH, FL 32937 01262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0656317 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent EVANS, CAROL C DO NOT WRITE 8690 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952 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 the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered egent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE H00000230728 02/15/05-80056-010 150.00 NAME EVANS, CAROL C STREET ADDRESS P.O. BOX 372114 SATELLITE BEACH, FL 32937 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-SY-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-5T-ZIP IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE:

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

FILED