
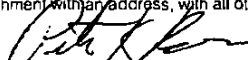


FILED
Apr 24, 2006 8:00 am
Secretary of State

60029838

DOCUMENT # P02000030249				04-24-2006 90363 022 ***150.00	
1. Entity Name BECKER AIR CONDITIONING CORP.					
Principal Place of Business 3773 CENTRAL AVENUE SUITE C401 ST. PETERSBURG, FL 33713		Mailing Address 3773 CENTRAL AVENUE SUITE C401 ST. PETERSBURG, FL 33713			
2. Principal Place of Business 8950 Dr MLK JR ST		3. Mailing Address 1384 - 54th AVE NE		60029838	
Suite, Apt. #, etc. SUITE 130		Suite, Apt. #, etc.		04202006 Chg-P CR2E034 (11/05)	
City & State ST PETERSBURG FL		City & State ST PETERSBURG FL		4. FEI Number 14-1880587	
Zip 33702		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
WNEBRENNER, JACK M 3773 CENTRAL AVENUE ST. PETERSBURG, FL 33713		Name Street Address (P.O. Box Number is Not Acceptable) 1384 - 54th AVE NE City ST PETERSBURG FL Zip Code 33703			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 BECKER, PETER 113-11 AVE SAINT PETERSBURG, FL 33706 <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 S BECKER, ERIC 113-11 AVENUE SAINT PETERSBURG, FL 337063 <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		
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		
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: 		Peter Becker		4/20/06 727/327-1202	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	