

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90179 027 \*\*\*150.00

<b>DOCUMENT # P02000096955</b> 1. Entity Name <b>ADVANCED AIR &amp; PLUMBING, INC.</b>			
Principal Place of Business <b>3728 E INDUSTRIAL WAY RIVIERA BEACH FL 33404</b>		Mailing Address <b>3728 E INDUSTRIAL WAY RIVIERA BEACH FL 33404</b>	
2. Principal Place of Business <b>3825 Investment Lane</b> Suite, Apt. #, etc. <b>11</b> City & State <b>WV, FL</b> Zip <b>33404</b> Country <b>USA</b>		3. Mailing Address <b>3825 Investment Lane</b> Suite, Apt. #, etc. <b>11</b> City & State <b>WV, FL</b> Zip <b>33404</b> Country <b>USA</b>	
4. FEI Number <b>04-3667950</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GRANBERG, DENISE 508 CIRCLE WEST JUPITER FL 33458</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OP</b> <b>GRANBERG, DENISE</b> <b>508 CIRCLE W</b> <b>JUPITER FL 33458</b> <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	<b>OVD</b> <b>GRANBERG, WILLIAM</b> <b>508 CIRCLE W</b> <b>JUPITER FL 33458</b> <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Denise Granberg 2/21/06 5612487152  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #