

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90002 017 \*\*\*150.00

<b>DOCUMENT # P02000127129</b> 1. Entity Name <b>LIQUID AIR WEAR, INC.</b>					
Principal Place of Business <b>2600 MICHIGAN AVE LOT 475C PENSACOLA, FL 32526</b>			Mailing Address <b>P. O. BOX 6401 PENSACOLA, FL 32503</b>		
2. Principal Place of Business <b>2306 TALL OAK DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2306 TALL OAK DRIVE</b> Suite, Apt. #, etc.			
City & State <b>CANTONMENT, FL</b>		City & State <b>CANTONMENT, FL</b>		4. FEI Number <b>06-1660284</b>	
Zip <b>32533</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERGUSON, DARREL F 2600 W MICHIGAN AVE., LOT 475C PENSACOLA, FL 32526</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2306 TALL OAK DRIVE</b> City <b>CANTONMENT FL</b> Zip Code <b>32533</b>		
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: <u><i>Darrel F Ferguson</i></u> PRES DATE: <u>8/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, DARREL F PO BOX 6401 PENSACOLA, FL 32503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, DARREL F 2306 TALL OAK DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUER, CHRISTINA N 5805 DUNBAR CIRCLE MILTON, FL 32583	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUER, CHRISTIAN 2306 TALL OAK DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 
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: <u><i>Darrel F Ferguson</i></u> PRES DATE: <u>8/10/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					