## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 10, 2006 8:00 am **Secretary of State** DOCUMENT # P03000004063 02-10-2006 90006 009 \*\*\*150.00 A BROTHER'S AIR CONDITIONING COMPANY Principal Place of Business Mailing Address SUUNDONY 6088 NW 66 WAY 6088 NW 66 WAY PARKLAND, FL 33067 PARKLAND, FL 33067 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02062006 Chg-P Applied For City & State City & State 4. FEI Number 41-2085725 Not Applicable Country Zip Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Du dley Michae DUDLEY, THEODORE Street Address (P.O. Box Number is Not Acceptable) 2000 S. OCEAN BLVD. SUITE 3.1 66 Wais BOCA RATON, FL 33432 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulard when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TATLE ☐ Change ☐ Addition DUDLEY, MICHAEL NAME NAME STREET ADDRESS 6088 NW 66 WAY STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33067 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 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.

FILED

Oata

Daytime Phone #