## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # P03000004063 01-22-2007 90109 047 \*\*\*150.00 1. Entity Name A BROTHER'S AIR CONDITIONING COMPANY Principal Place of Business Mailing Address 6088 NW 66 WAY 6088 NW 66 WAY PARKLAND, FL 33067 US PARKLAND, FL 33067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 41-2085725 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUDLEY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 6088 NW 66 WAY POMPANO BEACH, FL 33067 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 Signature. hyped or printed name of registered agent and late if applicable. (NOTE Registerso Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 п Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE ☐ Delete TITLE Change ☐ Add tion DUDLEY, MICHAEL NAME NAME 6088 NW 66 WAY STREET ADORESS STREET ADDRESS CITY-ST-ZP PARKLAND, FL 33067 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Defete HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY - ST - ZIP TITLE ☐ Detete TITLE Change Contibba MALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP Change ☐ Addition IIILE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition TIFLE ☐ Delete THEF NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-71P 12. Thereby 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 ig 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 trusted on the product of the corporation or the receiver or trusted on the corporation of the corporat

FILED Feb 16, 2007 8:00 am