## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2007 08:00 A Secretary of State **DOCUMENT # P03000009146** 1. Entity Name EXPRESS COOL AIR, INC. Principal Place of Business Mailing Address 11425 TANGERINE DR. 11425 TANGERINE DR. **BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135** 05032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1655604 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, CARLOS DO NOT WRITE 11425 TANGERINE DR. **BONITA SPRINGS, FL 34135** IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when remetating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. **PVST** TITLE PEREZ, CARLOS NAME 11425 TANGERINE DR. STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS, FL 34135** TITLE PEREZ, CARLOS NAME STREET ADDRESS 11425 TANGERINE DR. CITY-ST-ZIP **BONITA SPRINGS, FL 34135** U00000761132 0\$/2\$/07-80045-022 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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:

RINTED NAME OF BIGNING OFFICER OR DIRECTOR