2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021116

City-St-Zip:

MERRITT ISLAND, FL 32952 US

FILED May 01, 2006 Secretary of State

Entity Name: BREVARD AIR & REFRIGERATION, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
3420 N. COURTENAY PKWY #15 MERRITT ISLAND, FL 32953 US				3420 N. COURTENAY PKWY #117 MERRITT ISLAND, FL 32953 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	DURTENAY ISLAND, FL		3420 N. COURTENAY MERRITT ISLAND, FL		
FEI Number:	90-0070449	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SHAFFER, WALTER J PRES 3420 N. COURTENAY PKWY #15 MERRITT ISLAND, FL 32953 US			3420 N. CÓURTENAY	SHAFFER, WALTER J PRES 3420 N. COURTENAY PKWY #117 MERRITT ISLAND, FL 32953 US	
The above in the State		submits this statement for the p	urpose of changing its registered	I office or registered agent, or both,	
SIGNATUR	RE: WALTE	R J SHAFFER		05/01/2006	
	Electro	onic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SHAFFER, W 486 FALMOU		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SHAFFER, AI 460 SABAL A		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S KING, JOHN 486 FALMOU		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ADAM G SHAFFER VΡ 05/01/2006