2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

| ANNUAL KEPOKT | | Secretary of State |
|---|-------------------------------|---|
| DOCUMENT # P0300005&263 1. Entity Name ALL WEATHER AIR CONDITIONING & REFRIGERATION, INC. | | · |
| Principal Place of Business Mailing Address 1620 BAHAMA DR 1620 BAHAMA DR KEY WEST, FL 33040 KEY WEST, FL 33040 | | ###################################### |
| DO NOT WRITE IN THIS SPA | 01222006 4. FEI Number 57-116 | |
| 6. Name and Address of Current Registered Agent GIBBONS, MIKE 1620 BAHAMA DR KEY WEST, FL 33040 | | NOT WRITE THIS SPACE |
| 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 signature required when reinstating) OATE | | |
| FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fire Trust Fund Contribution | | |
| 10. OFFICERS AND DIRECTORS ITTLE NAME STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 02/01/06-80043-006 150.00 NOT WRITE THIS SPACE |
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12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

Meshed MARGE MICHAEL GIBBONS

1-23-06

360-084.

Daytime Phone #