2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P03000078333

Entity Name: ARCTIC AIR AIR-CONDITIONING & REFRIGERATION REPAIR SERVICE, INC.

Current Principal Place of Business:

4821 GRAPEVINE WAY
DAVIE, FL 33331

New Principal Place of Business:

4007 SUMMER WIND DRIVE
WINTER PARK, FL 32792

Current Mailing Address:

4821 GRAPEVINE WAY
DAVIE, FL 33331

New Mailing Address:

4007 SUMMER WIND DRIVE
WINTER PARK, FL 32792

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEREDIA, BARBARA A
4821 GRAPEVINE WAY
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

HEREDIA, BARBARA A
4007 SUMMER WIND DRIVE
WINTER PARK, FL 32792 US

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.

SIGNATURE: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HEREDIA, BARBARA A
Address: 4821 GRAPEVINE WAY
City-St-Zip: DAVIE, FL 33331

Title: ST ( ) Delete
Name: HEREDIA, OSVALDO E
Address: 4821 GRAPEVINE WAY
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HEREDIA, BARBARA A
Address: 4007 SUMMER WIND DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: ST (X) Change ( ) Addition
Name: HEREDIA, OSVALDO E
Address: 4007 SUMMER WIND DRIVE
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: BARBARA A. HEREDIA P 04/29/2005
Electronic Signature of Signing Officer or Director — Date