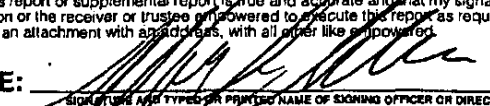


FILED
May 21, 2004 8:00 am
Secretary of State

04-29-2004 90354 026 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000112592			
1. Entity Name AC AIR PURIFICATION SYSTEMS INC.			
Principal Place of Business 5828 DONNELLY CIRCLE ORLANDO, FL 32821		Mailing Address 5828 DONNELLY CIRCLE ORLANDO, FL 32821	
2. Principal Place of Business 5822 DONNELLY CIR Suite, Apt. #, etc.		3. Mailing Address 5822 DONNELLY CIR Suite, Apt. #, etc.	
City & State ORLANDO FLORIDA		City & State ORLANDO FL 32821	
Zip 32821	Country USA	Zip 32821	Country USA
4. FEI Number 38-3690366		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required ☐	
6. Name and Address of Current Registered Agent COBIAN, ALBERTO JR 5828 DONNELLY CIRCLE ORLANDO, FL 32821		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COBIAN, ALBERTO JR 5828 DONNELLY CIRCLE ORLANDO, FL 32821 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBIAN, ALBERTO JR ☒ Change ☐ Addition 5822 DONNELLY CIRCLE ORLANDO FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 address, with all other like empowerment.			
SIGNATURE: 		Date: 4/27/04 Daytime Phone: 407 239 4823	