2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132687

City-St-Zip:

CAPE CORAL, FL 33990 US

Entity Name: CLIMATE SOLUTIONS INC.

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of I	New Principal Place of Business:	
	6TH PLACE RAL, FL 33990	US	617 NE 25TH AVE UNIT #1 CAPE CORAL, FL 33909	US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1428 SE 16TH PLACE CAPE CORAL, FL 33990 US		US	617 NE 25TH AVE UNIT #1 CAPE CORAL, FL 33909	US	
FEI Number	: 20-0395039	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of N	ew Registered Agent:	
2507 NE 6	MICHELE A 5TH PLACE RAL, FL 33909	US			
	e named entity s e of Florida.	ubmits this statement for the p	purpose of changing its registered of	fice or registered agent, or both,	
SIGNATUI	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () WESLEY, JOHN 2020 SE 8TH PL CAPE CORAL, F	ACE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	V () LESHER, WAYN 2507 NE 6TH PL CAPE CORAL, F	ACE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	T () LESHER, MICHI 2507 NE 6TH PL CAPE CORAL, F	ACE	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	S () JOHNSON, NOR 2020 SE 8TH PL		Title: () Name: Address:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: MICHELE A. LESHER **TRES** 01/11/2008