

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150482

FILED
Apr 16, 2007
Secretary of State

Entity Name: AIR MASTERS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

213 SW 12TH STREET
CAPE CORAL, FL 33991 US

New Principal Place of Business:

2744 EDISON AVE
UNIT 3 DOOR 16
FT MYERS, FL 33916 US

Current Mailing Address:

PO BOX 151447
CAPE CORAL, FL 33915 US

New Mailing Address:

FEI Number: 20-0510134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ARNOLD
213 SW 12TH STREET
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP (X) Delete
Name: FLOYD, JERRY D
Address: 6330 BRIARWOOD TRAIL
City-St-Zip: FORT MYERS, FL 33912 US

Title: ST () Delete
Name: JOHNSON, JONATHAN D
Address: 20650 WILLIAMS RD.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: P () Delete
Name: JOHNSON, ARNOLD
Address: 213 SW 12TH ST
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/T (X) Change () Addition
Name: JOHNSON, JONATHAN D
Address: 205 DANBY
City-St-Zip: LEHIGH ACRES, FL 33936

Title: P/S (X) Change () Addition
Name: JOHNSON, ARNOLD
Address: 213 SW 12TH ST
City-St-Zip: CAPE CORAL, FL 33991

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.

SIGNATURE: ARNOLD G JOHNSON

P/S

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date