## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000002636

Address:

City-St-Zip:

213 NE 16TH STREET

OAKLAND PARK, FL 33334

Entity Name: COLD AIR COMFORT, INC

FILED Apr 02, 2007 Secretary of State

| Current Principal Place of Business:        |  |                                | New Principal Place of Business:             |  |
|---|--|--------------------------------|--|--|
|   | RD STREET<br>PARK, FL 33                             | 3334                           |  |  |
| Current M                                   | lailing Addre  | ss:                            | New Mailing Address:                         |  |
|   | 6TH AVENUE   | :                              |  |  |
| A201<br>FORT LAU                            | JDERDALE, F  | L 33334                        |  |  |
| FEI Number                                  | : 20-0556574   | FEI Number Applied For ( )     | FEI Number Not Applicable ( )                | Certificate of Status Desired (X)      |
| Name and                                    | Address of (   | Current Registered Agent:      | Name and Address of                          | New Registered Agent:                  |
| 3040 NE 1<br>A201                           | THOMAS T<br>6TH AVENUE<br>JDERDALE, F                |                                |  |  |
|   | e named entity<br>e of Florida.                      | submits this statement for the | purpose of changing its registered           | d office or registered agent, or both, |
| SIGNATU                                     | RE:  |                                |  |  |
|   | Electro  | nic Signature of Registered Ag | ent  | Date                                   |
| Election Ca                                 | mpaign Financin                                      | g Trust Fund Contribution ( ). |  |  |
| OFFICERS AND DIRECTORS:                     |  |                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PR (<br>FULLER, THOI<br>213 NE 16TH S<br>OAKLAND PAF | STREET                         | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |
| Title:<br>Name:                             | ,  | ) Delete<br>ARGARETHE E        | Title:<br>Name:                              | ( ) Change ( ) Addition                |

Address:

City-St-Zip:

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: THOMAS T FULLER PR 04/02/2007