2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 01, 2005 8:00 am Secretary of State DOCUMENT # P04000045276 08-01-2005 90029 011 ***550.00 1. Entity Name ARCTIC HEAT, INC. Principal Place of Business Mailing Address JIDECOOL 2431 S.E. DIXIE HWY. 2431 S.E. DIXIE HWY. STUART, FL 34996 STUART, FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07252005 CR2E034 (10/03) Cha-P 4. FEI Number Applied For City & State City & State 27-0122988 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATHERS, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 2431 S.E. DIXIE HWY STUART, FL 34996 City Zip Code F 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. Signature, typed or printed frame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE arrive so \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financino Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE. n Delete TITLE Change Change ☐ Addition MATHERS, WILLIAM J NAME NAME 2431 S.É..DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL-34996 CITY-ST-ZIP 1.7.8.1 D ☐ Change ☐ Addition TITLE ☐ Delete TITLE BACH, STANLEY A NAME NAME STREET ADDRESS 2431 S.E. DIXIE HWY STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 CITY-ST-ZIP ☐ Change ☐ Addition TITLE n ☐ Delete TITLE ZELKO, ROBERT S NAME NAME STREET ADDRESS 2431 S.E. DIXIE HWY STREET ADDRESS CITY-ST-ZIP STUART, FL 34996 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TOTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered. ROBERT S. ZELKO) SIGNATURE:

12. I hereby certify that the information supplied with this filling 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