2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000112812

Name:

Address:

City-St-Zip:

WHITE, TIMOTHY L

2008 JIM WITT ROAD

LAKE CITY, FL 32025

FILED Apr 30, 2008 Secretary of State

Entity Na	me: COOLC	ITY AIR, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
605 NW 53 SUITE C-1 GAINESVI		9	2008 SW JIM WITT RD. LAKE CITY, FL 32025		
Current N	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
P. O. BOX GAINESVI	.204 LLE, FL 3260	2	P. O. BOX 648 LAKE CITY, FL 32056		
FEI Number	: 55-0876161	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
2815 NW SUITE 423	DIAN, ROPEN 13TH STREET B LLE, FL 3260				
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Aç	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	OD (NALBANDIAN, P.O. BOX 204 GAINESVILLE,		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	OD () Delete	Title: OD (2	X) Change ()Addition	

Name:

Address:

City-St-Zip:

WHITE, TIMOTHY L

LAKE CITY, FL 32056

P.O. BOX 648

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.

SIGNATURE: TIMOTHY L WHITE OD 04/30/2008