



2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90140 011 ***158.75

| | | | | | |
|--|---------|---------------------|--|---|--|
| DOCUMENT # P04000143709 1. Entity Name PROAIRE OF S W FL, INC. | | | |  | |
| Principal Place of Business 12541 METRO PAKWY SUITE 4 FORT MYERS, FL 33912 | | | Mailing Address 12541 METRO PARKWAY SUITE 4 FORT MYERS, FL 33912 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |



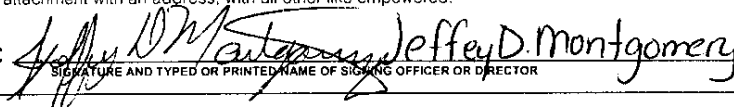
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|--|--|-------|--|--|--|
| 07142006 | | Chg-P | | CR2E034 (11/05) | |
| 4. FEI Number 20-1763646 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| KYLE, KEVIN A 1520 ROYAL PALM SQUARE BLVD STE 320 FORT MYERS, FL 33919 | | | | Name Jeffrey D. Montgomery | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 12541-4 metro Parkway | | | |
| | | | | City Fort Myers FL Zip Code 33912 | | | |
| 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  | | | | DATE 7/1/06 <small>(NOTE: Registered Agent signature required when re-registering)</small> | | | |

| | | | |
|---|--|--|--|
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|--|--|--|

| | | | | | | | |
|----------------------------|-----------------------------------|---------------------------------|--|---|---|--|--|
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | DPT | <input type="checkbox"/> Delete | | TITLE | DPT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MONTGOMERY, JEFFEY D | | | NAME | Jeffrey D. Montgomery | | |
| STREET ADDRESS | 141 EGRET ST | | | STREET ADDRESS | 12541-4 metro Parkway | | |
| CITY-ST-ZIP | FORT MYERS BEACH, FL 33931 | | | CITY-ST-ZIP | Fort Myers, FL 33912 | | |
| TITLE | DVS | <input type="checkbox"/> Delete | | TITLE | DVS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KUYKENDALL, PATRICK L | | | NAME | Patrick L. Kuykendall | | |
| STREET ADDRESS | 14130 CEDARDALE STREET | | | STREET ADDRESS | 12541-4 metro Parkway | | |
| CITY-ST-ZIP | FORT MYERS, FL 33905 | | | CITY-ST-ZIP | Fort Myers, FL 33912 | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

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|---|---------------------|------------------------------------|
| SIGNATURE:  | DATE: 7/1/06 | DAYTIME PHONE: 239-277-0027 |
|---|---------------------|------------------------------------|