
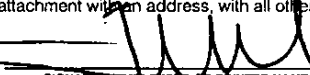


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90064 027 ***150.00

DOCUMENT # P04000155788 1. Entity Name ALTERNATIVE AIR CONDITIONING, INC.					
Principal Place of Business 1004 INDIAN TRACE CIRCLE #105 WEST PALM BEACH, FL 33407 US			Mailing Address P.O. BOX 221071 WEST PALM BEACH, FL 33422 US		
2. Principal Place of Business 16112 E. Wiltshire Dr.		3. Mailing Address Suite, Apt. #, etc.			
City & State Loxahatchee, FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-1882736	
Zip 33470		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYA, JAIME 1004 INDIAN TRACE CIRCLE #105 WEST PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16112 E. Wiltshire Dr. City Loxahatchee FL Zip Code 33470		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PST MAYA, JAIME 1004 INDIAN TRACE CIRCLE, #105 WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maya, Jaime 16112 E. Wiltshire Dr. Loxahatchee, FL 33470
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  President 01-31-05 379-9348					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					