

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155788

Entity Name: ALTERNATIVE AIR CONDITIONING, INC.

FILED
Jun 09, 2008
Secretary of State

Current Principal Place of Business:

2100 GREENVIEW SHORES
STE518
WELLINGTON, FL 33414 US

Current Mailing Address:

P.O. BOX 221071
WEST PALM BEACH, FL 33422 US

New Principal Place of Business:

2100 GREENVIEW SHORES
STE #518
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 20-1882736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYA, JAIME
2100 GREENVIEW SHORES 518
WEST PALM BEACH, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MAYA, JAIME
Address: 2100 GREENVIEW SHORES BLVD #518
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAYA, JAIME
Address: 2100 GREENVIEW SHORES BLVD #518
City-St-Zip: WELLINGTON, FL 33414 US

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: JAMIE MAYA

PD

06/09/2008

Electronic Signature of Signing Officer or Director

_____ Date