

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000015545 1. Entity Name TOTAL AIR, INC.	
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Principal Place of Business 131 18TH ST. W. ST. PETERSBURG, FL 33713	Mailing Address 131 18TH ST. W. ST. PETERSBURG, FL 33713
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2451140	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FREEDMAN, AARON
3367 10TH STREET N
ST. PETERSBURG, FL 33704**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

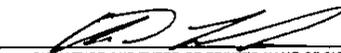
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREEDMAN, AARON 3367 10TH STREET N ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/05/08-80002-015 150.00

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IN THIS SPACE**

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.

SIGNATURE:  Aaron Freedman **5/29/08** **727-922-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #