2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 8:00 am Secretary of State **DOCUMENT # P05000049318** 05-01-2006 90297 050 ***150.00 COOL BREEZE H.V.A.C., INC. Principal Place of Business Mailing Address $\tau 000\lambda 029\tau$ 213 TARPON INDUSTRIAL CIRCLE 213 TARPON INDUSTRIAL CIRCLE TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02252006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-2595299 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEINLY, WOLFGANG Street Address (P.O. Box Number is Not Acceptable) 213 TARPON INDUSTRIAL CIRCLE TARPON SPRINGS, FL 34689 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Addition TITLE HEINLY, WOLFGANG NAME NAME 213 TARPON INDUSTRIAL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP TARPON SPRINGS, FL 34689 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change ABELL, LAWRENCE NAME NAME 213 TARPON INDUSTRIAL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE HEINLY, KAREN NAME NAME STREET ADDRESS 213 TARPON INDUSTRIAL CIRCLE STREET ADDRESS CITY-ST-7IP TARPON SPRINGS, FL 34689 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete IITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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 onth; 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.

C(1Y-S1-7)P

CITY-ST-7IP