

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060506

FILED
Jul 05, 2006
Secretary of State

Entity Name: HEAT TRANSFER SYSTEMS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

4634 CARLTON DUNES DRIVE UNIT 7
AMELIA ISLAND, FL 320345595

New Principal Place of Business:

Current Mailing Address:

4634 CARLTON DUNES DRIVE UNIT 7
AMELIA ISLAND, FL 320345595

New Mailing Address:

P. O. BOX 15339
AMELIA ISLAND, FL 32035

FEI Number: 20-2797762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNIE, DIANA M
4634 CARLTON DUNES DRIVE UNIT 7
AMELIA ISLAND, FL 320345595 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: MCKINNIE, DIANA M
Address: 4634 CARLTON DUNES #7
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANA M MCKINNIE

PRES

07/05/2006

Electronic Signature of Signing Officer or Director

_____ Date