2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131837

Entity Name: GLOBAL AIR CONDITIONING, INC.

FILED Jan 07, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

3140 FALLOW RD. 144 TRIPLE DIAMOND BOULEVARD R

VENICE, FL 34293

NORTH VENICE, FL 34275

Current Mailing Address: New Mailing Address:

3140 FALLOW RD 144 TRIPLE DIAMOND BOULEVARD VENICE, FL 34293

NORTH VENICE, FL 34275

FEI Number: 84-1691457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BATES, JEFF T PD BATES, JEFF T PD

144 TRÍPLE DIAMOND BOULEVARD, SUITE B 3140 FÁLLOW ROAD

VENICE, FL 34293 NORTH VENICE, FL 34275 US

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: 01/07/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

3140 FALLOW RD.

VENICE, FL 34293

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BATES, JEFF T Name: Name: BATES, JEFF T 3140 FALLOW RD. 144 TRIPLE DIAMOND BOULEVARD, SUITE B Address: Address:

City-St-Zip: VENICE, FL 34293 City-St-Zip: NORTH VENICE, FL 34275

VΡ Title: VΡ Title: () Delete (X) Change () Addition CATTERSON, JOHN CATTERSON, JOHN Name: Name:

3140 FALLOW RD. 144 TRIPLE DIAMOND BOULEVARD, SUITE B Address: Address:

VENICE, FL 34293 NORTH VENICE, FL 34275 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition KUNKEL, TOM BATES, LISA P Name: Name:

3140 FALLOW RD. 144 TRIPLE DIAMOND BOULEVARD, SUITE B Address: Address:

City-St-Zip: VENICE, FL 34293 City-St-Zip: NORTH VENICE, FL 34275

Title: (X) Delete Title: () Change () Addition BATES, LISA P

Name: Address: City-St-Zip:

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: JEFF T BATES PD 01/07/2008