2006 FOR PROFIT CORPORATION ANNUAL REPORT

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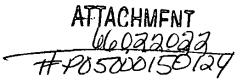
1. Entity Name EXECUTIVE AIR CONDITIONING OF THE PALM



BEACHE	EACHES & TREASURE COAST INC.									
Principal Plac 1200 RIO VI #107		Mailing Address 1200 RIO VISTA BLVD. #107			66022022					
PALM BEACH	I GARDENS, US 33410 US	PALM BEACH GARDENS	, US 33410	O US		! SEIT INN ISIN SIN IS	10: 11 :0: 11:0:			
	lace of Business S.W. Goodman AUE.	3. Mailing Address 1029 S.W. Goodman AUC.								
1029 S.W. Goodman AUE. Sute, Apr. 8. etc.		Suite, Apt. #, etc.		07022006	Chg-P	CR2E034 (11/05)				
PORT ST. LUCIE, FL		PORT ST. LUCIE, FL		,	4. FEI Numb	52283	. <u>-</u>	oplied For of Applicable		
3495	3 Country USA.	34953	Country 22.5		5. Certificate	of Status Desired	\$8.75 Add Fee Require	titional d		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	legistered Agent			
TRAYMIC	K, ROSEMARIE		N	eme						
	VISTA BLVD.		Street Address		(P.O. Box Number is Not Acceptable)					
PALM BEACH GARDENS, FL 33410			_	City Tip Code						
			ł	•			FL Zip Cod			
The above the obligat	named entity submits this statement for tions of registered agent	the purpose of changing its i	egistered of	fice or register	red agent, or bo	th, in the State of Fl	orda. I em femilier with,	and accept		
SIGNATURE ROSEMONIE TRAYWICK KAW Main Charge Lee 1/1/06 Signature typed or critact came of region and the supercase. (Note: Regions by makes recours at an inequality ONTE										
FILE NOWIII FEE IS \$150.00 8. Election Campaign in Due by September 6, 2006 Trust Fund Contribution					.00 May Be ed to Fees	In accordance corporation did	with s. 607.193(2)(b), not receive the prior r	F.S., the notice.		
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/	CHANGES TO OFF	CERS AND DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS	DIR TRAYWICK, ROSEMARIE 1200 RIO VISTA BLVD., #107	☐ Delete	TITLE Navae Street ad	nerce			☐ Change	☐ Addition		
CITY-SJ-ZP	PALM BEACH GARDENS, FL 33	3410	CITY-ST-Z							
fare	DIR	☐ Dziete	INTE				Change	Addition		
name Street address	TRAYWCK, ANDREW D JR. 1200 RIO VISTA BLVE, #107		HAME Street ad	NGCCC						
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HAME			HAME					İ		
STREET ADDRESS CITY-ST-ZIP			STREET AIX					į		
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12. Thereby cartify 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 nath; 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.

1029 S.W. Goodman Ave. Port St. Lucie, FL 34953



Executive Air Conditioning of the Palm Beaches & Treasure Coast, Inc.

July 2, 2006

Divisions of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is the 2006 For Profit Corporation Annual Report. I have not yet opened for business due to Health Problems. I hope to open by Jan.1, 2007. I have made "0" dollar since forming the company.

I am new to owning a Business and I am enclosing the check for the annual fee of \$150.00.

I have recently moved and I have changed the Mailting Address as you can see on the attached copy. I did not receive a forwarded letter from the State of Florida for the above mentioned. Please accept my sincere apologies.

Sincerely,

RoseMarie Traywick

Law Marie Grayweek

President

ATTACHMENT

6/0023022 # PU5000150124

 	Mark the "X" in this box only if there is a change to Employer	0.00	4	1st
ļ	Identification Number	000	941 945	Quarter
! :	(EIN) or Name.	-	990- C 1120	2nd Quarter
i i	See instructions on page 1,	EXECUTIVE AIR CONDITIONING OF THE PALM BEACHES & TREASURE COAST INC	943 990-†	3rd Quarter
' i	BANK NAME/ CATE STAMP		720 990- PE	4th Quarter
		1029 SU GOODIAN AVE PORT ST LUCIE, FL 34953-1537	CT-1 1042	
! !			940 944	72
: 	29 3 Telephone mumber	156h 251-4169	FOR BANK USE IN MICR ENCODING	

Federal Tax Deposit Coupon Form 8109 (New, 12-2005)

AITACHMENT

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN UT 84201-0023

Date of this notice: 12-27-2005

Employer Identification Number: 90-0252283

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Form: 2553

Number of this notice: CP 576 A

EXECUTIVE AIR CONDITIONING OF THE PALM BEACHES & TREASURE COAST INC 1200 RIO VISTA BLVD 107 PALM BEACH GARDENS FL 33410

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

As we were processing your Form 2553 for tax period 122005, we found that your form didn't have a valid employer identification number (EIN). Our records show no EIN assigned to this business. Since an EIN is required by law, we assigned you EIN 90-0252283. Please keep this notice for your records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal tax year as a calendar year, as its tax year unless you establish. service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538 (Accounting Periods and Methods), available at most IRS offices.

Wo've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom part of this notice within 15 days. We've enclosed an envelope for your convenience.

If you already have an EIN, return the bottom part of this notice to us. Write in the exact name and EIN shown on the notice you received assigning you that EIN.

Thank you for your cooperation.

IRS. Confact: Ms. Smith # Via telephone 12/22/05

tele: 215-516-1159

Note: We use an afrasand in our name (4)

002479

Application Form SS-4 (For use by employers, corporations, partnerships, trusts, estates, churches, EIN 90-0252283 (REV December 2001) government agencies, Indian tribal ontitios, certain individuals, and others) OMB No. 1545-0003 Legal name of entity (or individual) for whom the EIN is being requested. EXECUTIVE AIR CONDITIONING OF THE PALM BEACHES & TREASURE COAST INC clearly 2 Trade name of business (if different from name on line 1) 3 Executor, trustee, "care of name ROSEMARIE TRAYWILK 4a Mailing address (room, apt., suite no. and street, or P.O. box) 58 Street address (il different) (Do not enter a P.O. bux) or print 4b City, state, and ZIP code 5b City, state, and ZIP code PAIM BEACH GARdens , County and state where principal business is located, PALM BEACH County FLORIDA 02479 To Name of principal officer, general partner, grantor, owner, or trustor KOSE Marie TRAYWICK, PRES. 76 SSN, ITIN, (EIN) 83 Type of entity (check only one bax) Estate (SSN of decedent) Sole proprietor (SSN) Plan administrator (SSN) Partnership Trust (SSN of grantor) Corporation (enter form number to be filed) CP 574 National Guard State/local government Personal service corp. Farmers' cooperative Federal government/military Church or church-controlled organization REMIC Indian tribat governments/enterprisos Other conprofit organization (specify) Group Exemption Number (GEN) Other (specify) 8b If a corporation, name of state or foreign country (if applicable) where incorporated State Foreign country FLORIDA Reason for applying (check only one box)

Y Started new business (specify type) Banking purpose (specify purpose) 🕨 ☐ Changed type of organization (specify new type)▶ <u>Conditionina</u> Purchased going business Hired employees (Check the box and see line 12.) Created a trust (apecify type) Compliance with IRS withholding regulations Created a pension plan (specify type) Other (specify) 10 Date business started or acquired (month, day, year) 11 Closing month of accounting year November 10 2005 Ictober 12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year). B.P.R.L. L. 2016. Addit paid 13 Highest number of employees expected in the next 12 months. Note: If the applicant does not Agricultural Household Other expect to have any employees during the period, enter"-()-" 14 Check one box that best describes the principal activity of your business.

Health care & social assistance

Wholesale-agent/broker Real estate ☐ Manufacturing ☐ Finance & insurance Other (specify) 15 Indicate principal line of merchandise sold, specific construction work done; products produced; or services provided.

AIC Conditioning Units Installed & Reported. U No Note: If "Yes," please complete lines 16b and 16c. 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above Legal name Trade name 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known, Approximate date when filed (mo., day, year) City and state where filed Complete this section only if you want to authorize the named individual to receive the entity's EW and answer questions about the completion of this form Designee's name Designee's talephone number (incl. area co-Third Party Address and Zip Code Dasignas's for rumber (include area code) Designee Uniter penalties of perpay I declare that I have examined this application, and to his best of my knowledge and belief, it is true correct, and complete Name and title (Please type or print clearly.)

Date >

Form SS-4

(Rev. 12-2001)

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions. Cat No. 16055N