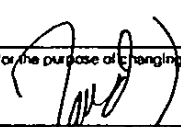
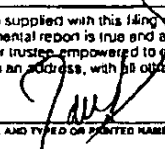


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

07-21-2006 90029 044 ***408.75
06-29-2006 90002 019 ***150.00

DOCUMENT # P05000164053																											
1. Entity Name AIR COOL SERVICES, INC.																											
Principal Place of Business 5050 10TH AVENUE NORTH SUITE A GREENACRES, FL 33463 US		Mailing Address 5050 10TH AVENUE NORTH SUITE A GREENACRES, FL 33463 US																									
2. Principal Place of Business 5050 10th Ave. N.		3. Mailing Address 5050 10 Ave. N. Suite B																									
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite B																									
City & State Greenacres		City & State Greenacres																									
Zip 33463	Country FL	Zip 33463	Country FL																								
4. FEI Number 20-3948848		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																											
8. Name and Address of Current Registered Agent SANDS, RICARDO 252 DAVIS ROAD PALM SPRINGS, FL 33461		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
9. 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:  DATE: 8/17/06 Signature typed to protect name of registered agent and title (checkable) (NOTE: Registered Agent signature required when reappointing)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: 		6-26-06 (501) 2556738																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Date-time Phone																									