2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 08:00 AN Secretary of State DOCUMENT # P06000033298 AIR CRAFTERS COOLING AND HEATING, INC. Principal Place of Business Mailing Address PO BOX 50849 PO BOX 50849 FT MYERS, FL 33994-0849 FT MYERS, FL 33994-0849 No Chg-P CR2E034 (11/05) 01282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1705873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRISON, RICHARD DO NOT WRITE 1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL. 33919 IN THIS SPACE 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, 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 NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE U000000022228 MORRISON, RICHARD NAME 05/15/08-80037-021 150.00 STREET ADDRESS PO BOX 50849 CITY-ST-ZIP FT MYERS, FL 339940849 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

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 mede 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 a supplemental report is 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 attachment with a supplemental report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

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