2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-26-2007 90436 001 ***150.00 **DOCUMENT # P06000094654** 04-26-2007 90436 002 *****8.75 1. Entity Name EXPERTISE COOLING, INC. Principal Place of Business Mailing Address 66015513 5251-2 CEDARBEND DRIVE 5251-2 CEDARBEND DRIVE FORT MYERS, FL 33919 FORT MYERS, FL 33919 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Act. #. etc. Suite, Act. #. etc. 04112007 CR2E034 (12/06) City & State City & State / Applied For Not Applicable Žiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRENCH, ROBERT Street Address (P.O. Box Number is Not Acceptable) 5251-2 CEDARBEND DRIVE FORT MYERS, FL 33919 Zip Code 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. (NOTE: Registered Agent signature required when reinstance) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Channe ☐ Addition FRENCH, ROBERT NAME NAME 5251-2 CEDARBEND DRIVE STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33919 CITY-SI-ZIP Q17-51-2P IIILE Delete TITLE ☐ Change ☐ Addition NAME FRENCH, SUSAN G 5251-2 CEDARBEND DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33919 CITY-ST-ZIP MIF Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z# CITY-ST-ZIP Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-29 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-70P 12. Thereby 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 made under eath; 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. 895 375 **SIGNATURE**

FILED

May 18, 2007 8:00 am Secretary of State