2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000103024

1. Entity Name INDOOR AIR CARE, INC.



FILED Sep 05, 2008 8:00 am Secretary of State

09-05-2008 90002 048 ***550.00

Principal Place of Business

Mailing Address

1623 SE GREEN ACRES CIR., SUITE X101 PORT ST. LUCIE, FL 34952

1623 SE GREEN ACRES CIR., SUITE X101 PORT ST. LUCIE, FL 34952

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	Suite, Apt. #, etc.			07172008	Chg-P	CR2E03	14 (12/06)	
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Lucia Fl	City & State	/	TI	4. FEI Number	N. U791	\Q	Applied For	
Code 1	YORI JELLI	LUCIE	, <u>, , , , , , , , , , , , , , , , , , </u>	31-6	<u> </u>	<u> </u>	Not Applicable	
ST Cucie	3495Z	Count	Lode	5. Certificate o	f Status Desired		8.75 Additional ee Required	
ind Address of Current F	Registered Agent		7. Name and Address of New Registered Agent					
			Name			•		
GUILLEMÍ, FREDDÝ		į						
1623 SE GREEN ACRES CIR., SUITE X101 PORT ST. LUCIE, FL 34952			Street Address (P.O. Box Number is Not Acceptable)					
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			City				Zip Code	
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submits this statement for	the purpose of changing it	s registere	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am fa	miliar with, and accept	
red agent.	\						_	
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FEE IS \$550.00	9. Election Campa	aian Einan	oina 🗪 🗈	5.00 May Be				
	Country ST Cucie and Address of Current F	Suite, Apt. #, etc. X - 101 City & State Pont Shirt Country T Cucie 34952 Ind Address of Current Registered Agent RES CIR., SUITE X101 34952 Submits this statement for the Jurpose of changing it red agent.	Suite, Apt. #, etc. X-101 City & State Pont Shint Lucie Country T Lucie 34952 Ind Address of Current Registered Agent RES CIR., SUITE X101 34952 Submits this statement for the Lurpose of changing its registered agent.	Suite, Apt. #, etc. X - 101 City & State PoiT ShinT Lucie FL Country ST Lucie 34952 ST Lucie Ind Address of Current Registered Agent RES CIR., SUITE X101 Submits this statement for the Lurpose of changing its registered office or registered agent.	Suite, Apt. #, etc. Country Country Country ST Cucie Suite Agent	Suite, Apt. #, etc. City & State Point Shirt Locie FL Country T Cocie 34952 ST Locie 5. Certificate of Status Desired Name RES CIR., SUITE X101 Submits this statement for the Aurpose of changing its registered office or registered agent, or both, in the State of Fixed agent. Country Street Address (P.O. Box Number is Not Acceptable agent) City Submits this statement for the Aurpose of changing its registered office or registered agent, or both, in the State of Fixed agent.	Suite, Apt. #, etc. City & State Country ST Cucie 34952 Street Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)	

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HHE ☐ Delete TITLE Change Addition **GUILLEMI, FREDDY** NAME NAME 1623 SE GREEN ACRES CIR., SUITE X101 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE, FL 34952 CITY - ST - ZIP CITY ST ZIP TILLE THLE Change Delete ■ Addition GUILLEMI, EVELIO NAME BIREFT ADDRESS 1623 SE GREEN ACRES CIR., SUITE X101 STREET ADDRESS DITY ST-ZIP PORT ST. LUCIE, FL 34952 CITY ST-ZIP THE ☐ Detete THLE Change ☐ Addition NAME NAME STREFT ADDRESS STREET ADDRESS ICITY ST ZIP CITY ST ZIP 1,1,5 ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TillE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 0117 ST-71P CITY ST-ZIF

CICNIATUDE:

^{12.} I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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.