

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071056

FILED
Apr 02, 2009
Secretary of State

Entity Name: AIR SOLUTIONS ACQUISITION CORP.

Current Principal Place of Business:

4533 HWY AVE
JACKSONVILLE, FL 32254

New Principal Place of Business:

2575 EDISON AVE
JACKSONVILLE, FL 32204

Current Mailing Address:

4533 HWY AVE
JACKSONVILLE, FL 32254

New Mailing Address:

2575 EDISON AVE
JACKSONVILLE, FL 32204

FEI Number: 80-0227101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD STE 504
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COTHREN, BRAIN D
Address: 923 FLOYD STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DVS () Delete
Name: QUILLEN, WILLIAM E
Address: 1403 STARWAN ROAD E
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN COTHREN

DP

04/02/2009

Electronic Signature of Signing Officer or Director

Date