2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000019457

FILED May 01, 2007 Secretary of State

Entity Name: U.S. HEATING AND AIR CONDITION	ONING, INC.
Current Principal Place of Business:	New Principal Place of Business:
624 DOUGLAS AVENUE 1402 ALTAMONTE SPRINGS, FL 32714	624 DOUGLAS AVENUE SUITE # 1402 ALTAMONTE SPRINGS, FL 32714
Current Mailing Address:	New Mailing Address:
624 DOUGLAS AVENUE 1402 ALTAMONTE SPRINGS, FL 32714	624 DOUGLAS AVENUE SUITE # 1402 ALTAMONTE SPRINGS, FL 32714
FEI Number: 59-3168540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agen	nt: Name and Address of New Registered Agent:
KONFORTE, ARIE 624 DOUGLAS AVE., #1402 ALTAMONTE SPRINGS, FL 32714 US	KONFORTE, ARIE 624 DOUGLAS AVE SUITE # 1402 ALTAMONTE SPRINGS, FL 32714 US
The above named entity submits this statement for in the State of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATURE: ARIE KONFORTE	05/01/2007
Electronic Signature of Registered	d Agent Date
In accordance with s. 607.193(2)(b), F.S., the corporation Election Campaign Financing Trust Fund Contribution () OFFICERS AND DIRECTORS:	•
Title: DSTP () Delete Name: KONFORTE, ARIE Address: 624 DOUGLAS AVE, #1402 City-St-Zip: ALTAMONTE SPRINGS, FL 32714	Title: () Change () Addition Name: Address: City-St-Zip:
Title: () Delete Name: Address: City-St-Zip:	Title: D () Change (X) Addition Name: BATES, WILLIAM H Address: 624 DOUGLAS AVE City-St-Zip: ALTAMONTE SPRINGS, FL 32714
Title: () Delete Name: Address: City-St-Zip:	Title: D () Change (X) Addition Name: ZEMSKIKH, NATALIA A Address: 624 DOUGLAS AVE City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ARIE KONFORTE Ρ 05/01/2007