2006 F OR -PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P9400008985 1. Entity Name FRIENDLY AIR CONDITIONING, INC.				FILED Feb 15, 2006 08:00 AM Secretary of State		
Principal Place 10142 WIND BOCA RATON	TREE LN	Mailing Address 10142 WINDTREE LN BOCA RATON, FL 33428 U	5			
DO NOT WRITE IN THIS SPACE				01092006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0467688 Not Applicable 5. Centificate of Status Desired \$8.75 Additional Fee Required		
BERMAN, 2424 N.E. POMPANO			DO NOT WRITE IN THIS SPACE			
The above named entity submits this statement for the purpose of changing its registered allice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE						
10. OFFICERS AND DIRECTORS INTLE DPVS NAME ALLARD, STEPHEN M STREET ADDRESS 10142 WINDTREE LN CITY-ST-ZIP BOCA RATON, FL 33428 TITLE T NAME ALLARD, STEPHEN M STREET ADDRESS 10142 WINDTREE LN			U00000434613 02/25/06-80003-005 158.75			
CITY-ST-ZP TIFLE NAME STREET ADDRESS CITY-ST-ZP TIFLE NAME STREET ADDRESS CITY-ST-ZP	TLE AME INTEET ACORESS TY-ST-ZP TLE AME INTEE AME			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STIREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing 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 calls; 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. SIGNATURE: Stephen M. ALLARP, Place 2-12-06 956-778-6670 Genature And type or supplied name of signing ornicer or Director or						