2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 11, 2007 08:00 AN DOCUMENT # P94000012222 **Secretary of State** Entity Name MARK'S AIR CONDITIONING, INC. Mailing Address Principal Place of Business 710 34TH COURT SW 710 34TH COURT SW VERO BEACH, FL 32968 VERO BEACH, FL 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3221670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEAN, CYNTHIA DO NOT WRITE 1840 25TH ST VERO BEACH, FL 32960 IN THIS SPACE 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. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) .<u>U00000582437</u> \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 01/11/07-80031-019 150,00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. me **PSTD** NAME DEAN, MARK STREET ADDRESS 710 34TH COURT SW VERO BEACH, FL 32968 CTTY-ST-ZSP NAME STREET ADDRESS CRTY ST-ZIP TTT1 6 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIILE NAME STREET 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 cath; 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.

NAME STREET ADDRESS CITY-ST-ZIP राशा ह NAME STREET ADDRESS CITY-ST-2IP

SIGNATURE: