


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000080707 1. Entity Name MICRONAIR, INC.	
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Principal Place of Business 163 ACORN LANE COLCHESTER, VT 05446 US	Mailing Address 163 ACORN LANE COLCHESTER, VT 05446 US
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DO NOT WRITE IN THIS SPACE

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01152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3276235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000192907 01/25/05-80025-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, MARY 163 ACORN LANE COLCHESTER, VT 05446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIN, ROBERT 163 ACORN LANE COLCHESTER, VT 05446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, ROBERT A 163 ACORN LN COLCHESTER, VT 05446
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: 	1/16/05 802 598-6681
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>