2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000080707

1. Entity Name
MICRONAIR, INC.

Principal Place of Business
163 ACORN LANE
COLCHESTER, VT 05446 US

Mailing Address
163 ACORN LANE
COLCHESTER, VT 05446 US

01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3276235

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000003965573
01/30/06-80015-016 150.00

OFFICERS AND DIRECTORS

TITLE	PD
NAME	POWELL, MARY
STREET ADDRESS	163 ACORN LANE
CITY-ST-ZIP	COLCHESTER, VT 05446
TITLE	T
NAME	GRIFFIN, ROBERT
STREET ADDRESS	163 ACORN LANE
CITY-ST-ZIP	COLCHESTER, VT 05446
TITLE	D
NAME	MASON, ROBERT A
STREET ADDRESS	163 ACORN LN
CITY-ST-ZIP	COLCHESTER, VT 05446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ 1/13/06 802 598 6681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #