2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087723

Entity Name: MCLAINS AIR CONDITIONING SERVICE INC.

FILED Feb 13, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

9950 QUAIL HOLLOW RD N FT MYERS, FL 33917

Current Mailing Address: New Mailing Address:

P.O. BOX 3996 N FT MYERS, FL 33918

FEI Number: 65-0535796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCLAIN, MARILYN M
9950 QUAIL HOLLOW RD
N FT MYERS, FL 33917 US
ALL FLORIDA FIRM INC
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 US

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.

SIGNATURE: JAMISON MARK JESSUP SR 02/13/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: P (X) Change () Addition Name: MCLAIN, BRANDEN R Name: MCLAIN, GREG M

 Name:
 MCLAIN, BRANDEN R
 Name:
 MCLAIN, GREG M

 Address:
 1122 ANGELO AVE
 Address:
 9950 QUAIL HOLLOW RD

 City-St-Zip:
 LEHIGH ACRES, FL 33971
 City-St-Zip:
 NORTH FORT MYERS, FL 33971

Title: S () Delete Title: VP (X) Change () Addition
Name: MCLAIN, MARILYN M Name: MCLAIN, BRANDEN R

Address: 9950 QUAIL HOLLOW RD Address: 1122 ANGELO AVE
City-St-Zip: N FT MYERS, FL 33917 City-St-Zip: LEHIGH ACRES, FL 33917

Title: P () Delete Title: ST (X) Change () Addition

 Name:
 MCLAIN, GREGORY M.
 Name:
 MCLAIN, MARILYN M

 Address:
 9950 QUAIL HOLLOW ROAD
 Address:
 9950 QUAIL HOLLOW ROAD

 City-St-Zip:
 N. FT. MYERS, FL 33917
 City-St-Zip:
 N. FT. MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the 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: GREG MCLAIN P 02/13/2007