## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 15, 2006 8:00 am Secretary of State DOCUMENT # P96000062180 1. Entity Name 02-15-2006 90047 027 \*\*\*150.00 AIR TRENDS INTERNATIONAL, INC. Mailing Address Principal Place of Business 18367 NE 4TH COURT MIAMI FL 33179 18367 NE 4TH COURT MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For 4. FE! Number 65-0690041 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Address-change-only SISSOM, DAVID Street Address (P.O. Box Number is Noi Acceptable) 399 EAST SHERIDAN ST., #203 DANIA FL 33004 Willy was to Zip Code s wood 330Z0 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 printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Addition TITLE ☐ Delete NAME SISSOM, DAVID NAME 1450 Shevidan Street E-21 STREET ADDRESS STREET ADDRESS 399 EAST SHERIDAN ST., #203 CITY-ST-ZIP Hollywood, FL 33020 CITY-ST-ZIP DANIA FL 33004 TITLE ☐ Change Addition ☐ Delete TITLE NAME SISSOM, LINDA NAME STREET ADDRESS 2118 CALUSA LAKES BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete ☐ Change ☐ Addition TITLE NAME SISSOM, BOB. STREET ADDRESS STREET ADDRESS 2118 CALUSA LAKES BLVD CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED