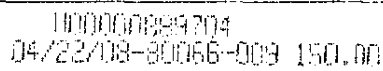
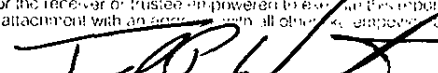


**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P98000072660</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>Secretary of State</b>                                                                                             |  |
| 1. Entity Name<br><b>TED'S HEATING &amp; AIR CONDITIONING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                      |  |
| Principal Place of Business<br><b>1732 RACIMO DRIVE<br/>SARASOTA, FL 34240</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Mailing Address<br><b>1732 RACIMO DRIVE<br/>SARASOTA, FL 34240</b>                                                    |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 01102008    No Chg-P    CR2E034 (11/05)                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 4. FEI Number<br><b>65-0887063</b>                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 5. Certificate of Status Deemed <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WENTZEL, TED P SR.<br/>1732 RACIMO DRIVE<br/>SARASOTA, FL 34240</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                     |  |
| 8. The above named entity submits this statement for the purpose of designating 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 _____<br><small>Signature, typed or printed name of registered agent and other subscribing</small> <small>(NOT Registered Agent signature required when renewing)</small> <small>DATE</small>                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                     |  |
| P<br>WENTZEL, TED P<br>1732 RACIMO DR<br>SARASOTA, FL 34240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                       |  |
| 12. I hereby certify that the information supplied with this filing is complete 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 or empowered to execute this report as required by Chapter 667, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report, and that I have not been removed from office, resigned, or on an attachment with an order of removal, suspension, or disqualification. |  |                                                                                                                       |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 4-7-08    941-809-3528                                                                                                |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Date    Daytime Phone                                                                                                 |  |