


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90146 030 \*\*\*150.00

<b>DOCUMENT # S06467</b>	
1. Entity Name <b>AIRFLOW MECHANICAL, INC.</b>	

Principal Place of Business <b>11324 E IRLO BRONSON HWY SAINT CLOUD FL 34773 US</b>	Mailing Address <b>11324 E IRLO BRONSON HWY SAINT CLOUD FL 34773 US</b>
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2. Principal Place of Business <b>11324 E. Irlo Bronson Hwy.</b> Suite, Apt. #, etc. <b>N/A</b>	3. Mailing Address <b>11324 E. Irlo Bronson Hwy.</b> Suite, Apt. #, etc. <b>N/A</b>
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1st MOORE CR2E034 (10/05)

City & State <b>St. Cloud, FL</b>	City & State <b>St. Cloud, FL</b>
Zip <b>34773</b>	Zip <b>34773</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3050466</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CROSBY, BRIAN K 11324 E IRLO BRONSON HWY SAINT CLOUD FL 34773</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when consulting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS CROSBY, BRIAN K 11324 E. IRLO BRONSON HWY ST. CLOUD FL 34773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CROSBY, SHEILA L 11324 E. IRLO BRONSON HWY. ST. CLOUD FL 34773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:** Sheila Crosby **3-28-06 (321) 259-6070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #