


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2005 08:00 AM
Secretary of State

DOCUMENT # S15467 1. Entity Name AIRFLUID SYSTEMS, INC.	
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Principal Place of Business 33 NORTH GARDEN AVENUE SUITE 875 CLEARWATER, FL 33755 US	Mailing Address 33 NORTH GARDEN AVENUE SUITE 875 CLEARWATER, FL 33755 US
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DO NOT WRITE IN THIS SPACE



06142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3049931	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HAGOPIAN, MARK
33 NORTH GARDEN AVENUE
SUITE 875
CLEARWATER, FL 33755**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HAGOPIAN, MARK 33 NORTH GARDEN AVE., SUITE 875 CLEARWATER, FL 33755
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IN THIS SPACE**

1100000369652
06/20/05-80001-017 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **6-15-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #