2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2007 8:00 am Secretary of State

AMIOAL ILLI OM					Secretary of State			
1. Entity Nam	MENT # S19827 D-AIR, INC.						90088 005 ***1	
Principal Place	e of Business	Mailing Address	Mailing Address			-		
4619 30TH AVE E BRADENTON, FL 34208 4619 30TH AVE E BRADENTON, FL 34208				•		# T	ii didii didii dadi dadii didii di	T ((1884 - 1888)
•	lace of Business - No P.O. Box # th Street East	3. Mailing Address 6418 9th Street East						
Suite, Apt.		Suite, Apt. #, etc.			04262007	Chg-P	CR2E034 (12/06	
City & State Bradenton, Florida		City & State Bradenton, Florida			4. FEI Numbe 65-024			opplied For lot Applicable
Zip 34203	Country	34203	Country			of Status Desired	S8.75 Ac Fee Requir	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
DIMON, DWIGHT'A. 4619 30TH AVE. E.				David A. Dimon				
BRADENTON, FL 34208			6418	Street Address (P.O. Box Number is Not Acceptabe 6418 9th Street East			<u>'</u>	
et.			City Brac	radenton FL Z34203				ემ გ
8. The above narperd 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 Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND I	DIRECTORS	11.			CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZiP	DPV DIMON, DWIGHT A 4619 30TH AVE. E. BRADENTON, FL 34208	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Dimc 6418		d A. reet East Florida 34	□ Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	ST DIMON, CAROL E. 4619 30TH AVE. E. BRADENTON, FL 34208	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREFT ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Delete	NAME SIREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David A. Dimon, Pres.

4/30/07

(941) 748-3710