2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Mar 24, 2008 08:00 A Secretary of State DOCUMENT # S40377 TROPICAL MARINE AIR CONDITIONING, INC. Mailing Address Principal Place of Business 5341 NE 17TH AVENUE 5341 NW 17TH AVENUE FT. LAUDERDALE, FL 33334 US FT: LAUDERDALE, FL 33334 CR2E034 (11/05) 03212008 No Chg-P Applied For 4. FEI Number 65-0306123 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'DONNELL, HOWARD R. DO NOT WRITE 5341 NE 17 AVE FT LAUDERDALE, FL 33334 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 174. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ing out in regularity of which wife preparations of the contraction in the NAME O'DONNELL, HOWARD R. halfer in a state of the sound STREET ADDRESS 5341 NE 17 AVE FORT LAUDERDALE, FL 33334 The rest find the respective configurate transfer for the rest of the first of the City-St-ZiP ##U00000867536 ##U TITLE NAME ...separas (j. j. j. 94/08/08-80074-015-150.00) STREET ADDRESS the formula six in the something in many in an opinion which CITY-ST-ZIP TITLE All the first that the second of the second NAME STREET ADDRESS CITY-ST-ZIP NATHIS SPACE NAME AND THE PARTY OF T STREET ADDRESS CITY-ST-ZIP making the transfer of the state of the stat TITLE A MARINE OF THE PARTY OF THE PA in an wife marriage in radial to the cold the STREET ADDRESS CITY-ST-ZIP a decimal material and a great contraction and the second TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 accompte 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 sustee 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 life empowered.

FILED

Daytime Phone #