2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V21528

1. Entity Name
AIR CONCEPTS, INC.

Principal Place of Business	Mailing Address
3590 S STATE RD 7, BAY 55 SUITE 245 MIRAMAR, FL 33023 US	AIR CONCEPTS, INC 14550 SW 29 PLACE DAVIE, FL 33330 US

DO NOT WRITE IN THIS SPACE

01032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0318623	Not Applicable

5. Certificate of Status Desired   ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO IRA R
13899 BISCAYNE BLVD
SUITE 400
MIAMI, FL 33181

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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ANACKER, WILLIAM J
STREET ADDRESS	3590 S STATE RD 7, BAY 55
CITY-ST-ZIP	MIRAMAR, FL 33023

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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: _William J Anacker_   1-01-05   1954 4440862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #