2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34344

FILED Apr 28, 2006 Secretary of State

Entity Name: MORRIS AIR CONDITIONING & HEATING, INC.

urrent P	rincipal Place	of Business:	New Principal Place	of Business:
501 ALDE RANDON	ER WAY N, FL 33510	US		
urrent M	lailing Addres	s:	New Mailing Addres	s:
. O. BOX 1ANGO, F	1427 FL 33550 U	S		
El Number	: 59-3125396	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	current Registered Agent:	Name and Address of	of New Registered Agent:
501 ALĎI	JAMES D ER WAY N, FL 33510	US		
	,			
he above		submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
he above	named entity se of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
he above the State	named entity se of Florida.	submits this statement for the particles of Registered Ag		od office or registered agent, or both,
he above the State	named entity se of Florida. RE: Electror			
he above the State GNATUI	named entity se of Florida. RE: Electror	nic Signature of Registered Ag	ent	
he above the State GNATUI	named entity se of Florida. RE: Electror mpaign Financing S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete ES D,	ent	Date
the above the State of the Stat	named entity see of Florida. RE: Electror mpaign Financing S AND DIREC PD () MORRIS, JAME 1501 ALDER W BRANDON, FL	nic Signature of Registered Ag g Trust Fund Contribution (). TORS: Delete SS D, /AY Delete Y M RIVE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D MORRIS PD 04/28/2006