

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F74692

Entity Name: INSULTECH, INC.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 3749
PLANT CITY, FL 335630013 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3749
PLANT CITY, FL 335630013 US

New Mailing Address:

FEI Number: 59-2177397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAMBROSE, SHERWOOD J.
4609 REECE RD
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEAMBROSE, SHERWOOD, J.
Address: 2607 LAKEVIEW WAY
City-St-Zip: PLANT CITY, FL 33566

Title: V () Delete
Name: SAMANTHA D LEWIS,
Address: 1505 CROOKED STICK DR
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEAMBROSE, SHERWOOD, J.
Address: 2847 HAMMOCK DR
City-St-Zip: PLANT CITY, FL 33566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMANTHA D. LEWIS

V

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date