2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# P03000061243

Entity Name: ADVANCED INSULATION OF NORTHWEST FLORIDA, INC

Current Principal Place of Business:

2929 WESTFIELD RD.
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6575
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 20-0048079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKEY, RAYMOND G
913 GULF BREEZE PKWY
SUITE 5
GULF BREEZE, FL 32561 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: P ( ) Delete
Name: SHOEMAKER, TOM
Address: 1631 KALAKAUA CT
City-St-Zip: GULF BREEZE, FL 32563 US

Title: VP ( ) Delete
Name: SHOEMAKER, BETH
Address: 1631 KALAKAUA CT
City-St-Zip: GULF BREEZE, FL 32563 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHOEMAKER, THOMAS
Address: 1631 KALAKAUA CT
City-St-Zip: GULF BREEZE, FL 32563 US

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

I hereby certify that the information supplied with this filing does not qualify 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: BETH SHOEMAKER VP 04/09/2008

Electronic Signature of Signing Officer or Director — Date