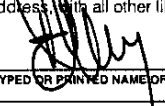


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90106 039 ***150.00

DOCUMENT # F04000006533 1. Entity Name ALPHA INSULATION & WATER PROOFING COMPANY			
Principal Place of Business 1420 WILLIAMS DRIVE MARIETTA, GA 30066		Mailing Address 1420 WILLIAMS DRIVE MARIETTA, GA 30066	
2. Principal Place of Business 9195 BOBBY CREEK RD Suite, Apt. #, etc. Suite #6 City & State ORLANDO, FL Zip 32824		3. Mailing Address P.O. Box 681656 Suite, Apt. #, etc. City & State MARIETTA, GA 30068-0058 Zip Country	
4. FEI Number 58-1751794		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERMA, VIKAS 115 WILDERBLUFF CT. ATLANTA, GA 30328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1420 WILLIAMS DR MARIETTA, GA 30066 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVCD SCHMUECKLE, HENRY SR. 4738 WHIRLWIND SAN ANTONIO, TX 78217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERMA, ACHALA 115 WILDERBLUFF CT. ATLANTA, GA 30328 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1420 WILLIAMS DR MARIETTA, GA 30066 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  VIKAS VERMA		7/22/05 678 335 2960, EXT 100 Date Daytime Phone #	