2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90106 039 ***150.00

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1. Entity Name
ALPHA INSULATION & WATER PROOFING COMPANY

Principal Place of Business	Mailing Address
1420 WILLIAMS DRIVE MARIETTA, GA 30066	1420 WILLIAMS DRIVE MARIETTA, GA 30066

07142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9195 BOGGY CREEK RD	PO BOX 681656
Suite, Apt. #, etc.: SUITE #6	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: MARIETTA, GA 30068-0028
Zip: 32824 Country	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	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #