

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006533

FILED
Mar 09, 2007
Secretary of State

Entity Name: ALPHA INSULATION & WATER PROOFING COMPANY

Current Principal Place of Business:

955 CHARLES STREET
UNIT 101
LONGWOOD, FL 32750

New Principal Place of Business:

955 CHARLES STREET
UNIT 101A
LONGWOOD, FL 32750

Current Mailing Address:

P.O. BOX 681656
MARIETTA, GA 300680028

New Mailing Address:

FEI Number: 58-1751794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: VERMA, VIKAS
Address: 1420 WILLIAMS DR
City-St-Zip: MARIETTA, GA 30066

Title: WCD () Delete
Name: SCHMUECKLE, HENRY SR.
Address: 4738 WHIRLWIND
City-St-Zip: SAN ANTONIO, TX 78217

Title: SD () Delete
Name: VERMA, ACHALA
Address: 1420 WILLIAMS DR
City-St-Zip: MARIETTA, GA 30066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: VIKAS VERMA

PD

03/09/2007

Electronic Signature of Signing Officer or Director

Date