2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# F07000003462

Entity Name: A-1 INSULATING, INC.

Current Principal Place of Business:

1801 WEST MEIGHAN BLVD
GADSDEN, AL 35904

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 4388
GADSDEN, AL 35904

New Mailing Address:

FEI Number: 63-1029391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, GARY
1750 FRANKFORT AVE
SUITE N
PANAMA CITY, FL 32405 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: CP ( ) Delete
Name: WRENN, EDWARD E
Address: 50 INDIAN PINE TRACE WEST
City-St-Zip: GADSDEN, AL 35901

Title: VCST ( ) Delete
Name: WRENN, DAVID S
Address: 100 CLOKEY DRIVE
City-St-Zip: GADSDEN, AL 35901

Title: D ( ) Delete
Name: WRENN, DOROTHY
Address: 100 CLOKEY DRIVE
City-St-Zip: GADSDEN, AL 35901

Title: D ( ) Delete
Name: WRENN, DONNA
Address: 50 INDIAN PINE TRACE WEST
City-St-Zip: GADSDEN, AL 35990

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:

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: DAVID S. WRENN VCST 04/24/2008

Electronic Signature of Signing Officer or Director — Date