2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# F07000004294

Entity Name: ALL SEASONS INSULATION INC.

Current Principal Place of Business:

1720 CAREY AVE., 6TH FLOOR
CHEYENNE, WY 82001

New Principal Place of Business:

Current Mailing Address:

4255 US HWY 1 SOUTH, STE. 18
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 61-1535326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THWAITE, CAROL
4045 VAILL POINT TERR.
ST. AUGUSTINE, FL 32086 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: BORELLI, JOHN
Address: 4255 US HWY 1 SOUTH, STE. 18
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VST ( ) Delete
Name: THWAITE, CAROL
Address: 4045 VAILL POINT TERR.
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN BORELLI P 04/20/2009

Electronic Signature of Signing Officer or Director — Date