

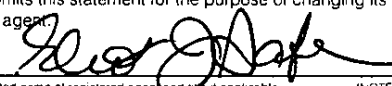
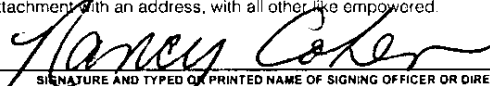


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F68046 1. Entity Name AMERICAN INSULATORS, INC. OF JACKSONVILLE						FILED 07 APR 16 PM 3:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business %NANCY COHEN 6935 DISTRIBUTION AVE. S. JACKSONVILLE, FL 32256				Mailing Address 6935 DISTRIBUTION AVE S JACKSONVILLE, FL 32256 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02052007 Chg-P CR2E034 (12/06)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2194961					
City & State		City & State		Applied For Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
COHEN, NANCY 6935 DISTRIBUTION AVE. S. JACKSONVILLE, FL 32256				Name Eliot J. Safer, Esq. Street Address (P.O. Box Number is Not Acceptable) 10110 San Jose Blvd. City Jacksonville FL Zip Code 32257					
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  <small>Signature, typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				4/6/07 <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, NANCY 2686 SPREADING OAKS LANE JACKSONVILLE, FL 32223			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, RANDY O 4362 N. BUCKHEAD DR. ATLANTA, GA 30342			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000102200510 05/11/07--01008--017 **200.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-9-07 <small>Date</small>					