2007 FOR PROFIT CORPORATION

FILED Apr 26, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # G89143** 1. Entity Name 04-26-2007 90207 027 ***150.00 PRUETT INSULATION, INC. Principal Place of Business Mailing Address 9110 ELLIS RD. UNIT D --9110 ELLIS RD..UNIT B MELBOURNE, FL 32904 MELBOURNE, FL 32904 3195 KNIGHT OAK CT MERBOURNE, FL 324: 3/95 KNIGHT OAK MELBOLANE No Chg-P CR2E034 (11/05) 02202007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2377738 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PRUETT, CHARLES H. 3195 KNIGHT OAK CT MELBOURNE, FL 32934 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Requirered Agent aignature required when reinstation) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. PRUETT, CHARLES H. NAME STREET ADDRESS 3195 KNIGHT/OAK CT CITY-ST-ZIP MELBOURNE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP