2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # K01757 02-20-2006 90030 046 ***150.00 1. Entity Name HIRTER INSULATION & ACOUSTICS, INC. Mailing Address Principal Place of Business **3715 E VENICE AVE** 256 GROVE STREET VENICE, FL 34285 VENICE, FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 65-0017303 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIRTER, TERRY Street Address (P.O. Box Number is Not Acceptable) 3715 E VENICE AVE VENICE, FL 34292 City Zip Code 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change ☐ Addition TITE TITLE NAME HIRTER, TERRY NAME STREET ADDRESS STREET ADDRESS 3715 E VENICE AVE CITY-ST-ZIP VENICE, FL 34292 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition HIRTER, SARAH NAME NAME STREET ADDRESS STREET ADDRESS 3715 E VENICE AVE VENICE, FL 34292 CITY-ST-ZIP CITY-ST-ZIP УP TITLE Change Change Addition TITLE Delete Hirter, Daniel 2913 Fiesta Dr. NIRTER DANIEL NAME NAME 2913 FIESTA DRIVE STREET ADDRESS STREET ADDRESS Venice, FL 34293 VENICE, FL 34293 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME . STREET ADDRESS STREET ADDRESS .CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

FILED Feb 20, 2006 8:00 am