2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE

Apr 26, 2006 08:00 AN Secretary of State DOCUMENT # L03000047335 ADMOR INSULATION, LLC Principal Place of Business Mailing Address 918 S. RIVERSIDE DRIVE P.O. BOX 1283 EDGEWATER, FL 32132 EDGEWATER, FL 32132 04212006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0424489 Not Applicable \$5,00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BARTHOLOMEW, TOM DO NOT WRITE 918 S. RIVERSIDE DRIVE EDGEWATER, FL 32132 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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MCR TITLE BARTHOLOMEW, TOM NAME STREET ADDRESS 918 S. RIVERSIDE DRIVE CITY-ST-ZIP ÉDGEWATER, FL 32132 U00000534103 05/06/06-80150-013 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CSTY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

386-423-8289

Daytime Phone &