

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000027771

FILED
Mar 29, 2006
Secretary of State

Entity Name: SOUTHEAST SPECIALTY INSULATION, INC.

Current Principal Place of Business:

4719 DISTRIBUTION DRIVE
TAMPA, FL 33805

New Principal Place of Business:

Current Mailing Address:

278 MYSTIC AVE.
2ND FLOOR, STE. 209
MEDFORD, MA 02155

New Mailing Address:

FEI Number: 59-3703790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: DPT () Delete
Name: GRANARA, FRANK
Address: 4719 DISTRIBUTION DR
City-St-Zip: TAMPA, FL 33805

Title: SD () Delete
Name: SIROIS, ELLEN
Address: 46 BUCKSKIN PATH
City-St-Zip: PLYMOUTH, MA 02360

Title: PD () Delete
Name: MURPHY, LAWRENCE
Address: 88 SHEFFIELD
City-St-Zip: MELROSE, MA 02176

Title: VP () Delete
Name: O'NEIL, MARK
Address: 121 LONGWOOD AVE, #3A
City-St-Zip: BROOKLINE, MA 02146

Title: CFO () Delete
Name: GATTIS, CHRISTOPHER G
Address: 777 GREAT POND ROAD
City-St-Zip: NORTH ANDOVER, MA 01845

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ELLEN J SIROIS

SD

03/29/2006

Electronic Signature of Signing Officer or Director

_____ Date