


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # P01000027771	
1. Entity Name SOUTHEAST SPECIALTY INSULATION, INC.	

Principal Place of Business 4719 DISTRIBUTION DRIVE TAMPA, FL 33805	Mailing Address 278 MYSTIC AVE. 2ND FLOOR, STE. 209 MEDFORD, MA 02155
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05042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3703790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GRANARA, FRANK 4719 DISTRIBUTION DR TAMPA, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIROIS, ELLEN 46 BUCKSKIN PATH PLYMOUTH, MA 02360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, LAWRENCE 88 SHEFFIELD MELROSE, MA 02176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'NEIL, MARK 121 LONGWOOD AVE. #3A BROOKLINE, MA 02146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GATTIS, CHRISTOPHER G 777 GREAT POND ROAD NORTH ANDOVER, MA 01845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000785208 05/31/07-80029-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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.

SIGNATURE: <u>Ellen Sirosis</u>	5/2/07	508-888-8202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #