


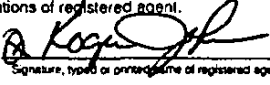

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90120 049 \*\*\*150.00  
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|   |                            |   |   |   |                                   |
|---|----------------------------|---|---|---|-----------------------------------|
| <b>DOCUMENT # P03000131967</b>  |                            |   |   |                |                                   |
| 1. Entity Name<br><b>JOHNSON BROTHERS INSULATION, INC.</b>  |                            |   |   |   |                                   |
| Principal Place of Business<br><b>16734 SKILLET ROAD<br/>CLERMONT, FL 34711</b>   |                            |   | Mailing Address<br><b>16734 SKILLET ROAD<br/>CLERMONT, FL 34711</b>           |   |                                   |
| 2. Principal Place of Business  |                            |   | 3. Mailing Address  |   |                                   |
| Suite, Apt. #, etc.   |                            |   | Suite, Apt. #, etc.   |   |                                   |
| City & State  |                            |   | City & State  |   |                                   |
| Zip   | Country                    | Zip   | Country   | 4. FEI Number<br><b>20-0408724</b>  |                                   |
|   |                            |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |                                   |
|   |                            |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                   |
| 6. Name and Address of Current Registered Agent   |                            |   | 7. Name and Address of New Registered Agent                                   |   |                                   |
| <b>JOHNSON, ROGER W<br/>1351 DARNABY WAY<br/>COCOA, FL 32926</b>  |                            |   | Name <b>ROGER W JOHNSON</b>   |   |                                   |
|   |                            |   | Street Address (P.O. Box Number is Not Acceptable)<br><b>1351 DARNABY WAY</b> |   |                                   |
|   |                            |   | City <b>ORLANDO</b> FL Zip Code <b>32824</b>                                  |   |                                   |
|   |                            |   |   |   |                                   |
| 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 re-registering) DATE _____  |                            |   |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>   |                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.    |                                   |
| 10. OFFICERS AND DIRECTORS  |                            |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                         |   |                                   |
| TITLE   | P                          | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | <b>JOHNSON, KENNETH R</b>  |   | NAME  |   |                                   |
| STREET ADDRESS  | <b>16734 SKILLET ROAD</b>  |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | <b>CLERMONT, FL 34711</b>  |   | CITY-ST-ZIP   |   |                                   |
| TITLE   | V                          | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | <b>JOHNSON, ROGER W</b>    |   | NAME  |   |                                   |
| STREET ADDRESS  | <b>1351 DARNABY WAY</b>    |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | <b>ORLANDO, FL 32824</b>   |   | CITY-ST-ZIP   |   |                                   |
| TITLE   | V                          | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | <b>JOHNSON, TIMMIE W</b>   |   | NAME  |   |                                   |
| STREET ADDRESS  | <b>9230 RICHMOND ROAD</b>  |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | <b>ST. CLOUD, FL 34773</b> |   | CITY-ST-ZIP   |   |                                   |
| TITLE   |                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                            |   | NAME  |   |                                   |
| STREET ADDRESS  |                            |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                            |   | CITY-ST-ZIP   |   |                                   |
| TITLE   |                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                            |   | NAME  |   |                                   |
| STREET ADDRESS  |                            |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                            |   | CITY-ST-ZIP   |   |                                   |
| TITLE   |                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                            |   | NAME  |   |                                   |
| STREET ADDRESS  |                            |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   |                            |   | CITY-ST-ZIP   |   |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  (NOTE: Registered Agent signature required when re-registering) DATE _____ Daytime Phone # _____   |                            |   |   |   |                                   |