2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Aug 21, 2007 8:00 am Secretary of State 08-21-2007 90007 011 ***150.00 DOCUMENT # P03000144575 1. Entity Name SHANE'S INSULATION, INC. QUI--Principal Place of Business Mailing Address 232 SOUTHWEST CANNON COURT 232 SOUTHWEST CANNON COURT LAKE CITY, FL 32024 LAKE CITY, FL 32024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08142007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-0502870 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NASH, EDNA Street Address (P.O. Box Number is Not Acceptable) 232 SOUTHWEST CANNON COURT LAKE CITY, FL 32024 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 (NOTE: Registered Agent signature required when reinstating \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE 232 SW Cannon Court NAME NASH, SHANE NAME RT 2, BOX 351 STREET ADDRESS STREET ADDRESS Lake city IC 32024 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY, FL 32024 Change SEC TITLE ☐ Delete TITLE ☐ Addition 232 SW Counter Court NASH, EDNA D NAME NAME STREET ADDRESS RT 2, BOX 351 STREET ADDRESS CITY ST-7IP CITY-ST-ZIP LAKE CITY, FL 32024 ☐ Change ☐ Addition TITLE Delete TITLE NASH, JAMES NAME NAME 232 SOUTHWEST CANNON COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY, FL 32024 DITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 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 eath; 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

Date

Daytime Phone #