2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000138576

1. Entity Name

UNITED INSULATION AND FIRE-PROOFING, INC.



Principal Place of Business

Mailing Address

2101 NW 119TH STREET MIAMI, FL 33167-2716

2101 NW 119TH STREET MIAMI, FL 33167-2716 FILED Mar 08, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

21/2000	MO ONG-1

CR2E034 (11/05)

4. FEI Number 75-3171799 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

PATTERSON, EARL 2101 NW 119TH STREET MIAMI, FL 33167-2716

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pitions of registered agent.	urpose of changing its registered offi	ce of f	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE					DATE
FiL After M	E NOW!!! FEE 18 \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	CTORS			
TITLE NAME STREET ADORESS CITY-ST-ZIP	D PATTERSON, EARL 2101 NW 119TH STREET MIAMI, FL 331672716				UUURUU459713 U3/18/06-800 43-0 22 150 .0 0
THEE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, ROSE 2101 NW 119TH STREET MIAMI, FL 331672716	<u>.</u>			
BILE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN .	THIS SPACE
DILE NAME SIREEI ADDRESS CHY-SI-ZIP					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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: Desmoly

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Dermoli Pallusoc

02/22/06 366517710