

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121738

FILED
Apr 27, 2007
Secretary of State

Entity Name: CREATIVE INSULATION SOLUTIONS, INC.

Current Principal Place of Business:

PO BOX 505
HIGHLAND CITY, FL 338460505

New Principal Place of Business:

303 DORIS DR
LAKELAND, FL 33813

Current Mailing Address:

PO BOX 505
HIGHLAND CITY, FL 338460505

New Mailing Address:

303 DORIS DR
LAKELAND, FL 33813

FEI Number: 20-3514172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTMAN, STEPHEN H ESQ
925 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803 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: D () Delete
Name: MAUTHE, CHRIS
Address: PO BOX 505
City-St-Zip: HIGHLAND CITY, FL 338460505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAUTHE, CHRIS
Address: 303 DORIS DR
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER MAUTHE

MR.

04/27/2007

Electronic Signature of Signing Officer or Director

Date