2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040298

Entity Name: AFFOAMABLE INSULATION, INC.

LAKE CITY, FL 32055 US

City-St-Zip:

FILED Apr 16, 2008 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
291 SW SI #102	STERS WELC	COME RD.	3101 W US HWY 90 #102		
LAKE CITY	r, FL 32025	US	LAKE CITY, FL 32055	US	
Current M	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
291 SW SI #102	91 SW SISTERS WELCOME RD.		3101 W US HWY 90 #102		
	r, FL 32025	US	LAKE CITY, FL 32055	US	
FEI Number:	: 20-4526992	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
262 SW SI LAKE CITY	BERT E JR. ESTA PLACE /, FL 32025 named entity e of Florida.	US	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR					
SICINATOI		nic Signature of Registered Ag	ent	 Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (LUNDE, BLAKE 119 NW GRAY LAKE CITY, FL	GLEN	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP (LUNDE, STEPI 119 NW GRAY		Title: (Name: Address:	() Change () Addition	

City-St-Zip:

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: STEPHANIE LUNDE VP 04/16/2008