


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90151 026 \*\*\*150.00

<b>DOCUMENT # P06000105581</b> 1. Entity Name <b>MR. INSULATION, INC.</b>					
Principal Place of Business <b>1054 ALPUG AVE OVIEDO, FL 32765</b>			Mailing Address <b>1054 ALPUG AVE OVIEDO, FL 32765</b>		
2. Principal Place of Business - No P.O. Box # <b>10337 Smyrna DR</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State			
Zip <b>32817</b>	Country <b>US</b>	Zip	Country	4. FEI Number <b>20-3377783</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LOPEZ, JHON A 1054 ALPUG AVE OVIEDO, FL 32765</b>			7. Name and Address of New Registered Agent Name <b>Jose F. Lopez</b> Street Address (P.O. Box Number is Not Acceptable) <b>10337 SMYRNA DR</b> City <b>Orlando, FL</b> Zip Code <b>32817</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 <u><i>[Signature]</i></u> DATE <u>04-15-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, JOSE F 1054 ALPUG AVE OVIEDO, FL 32765	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, JHON A 1054 ALPUG AVE OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>04-15-07</u> Daytime Phone #	