2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

DOCUMENT# P10000020303

Entity Name: MOBILE HOME INSULATION, INC.

Current Principal Place of Business:

45 WINDY WAY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

45 WINDY WAY
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 27-2101773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWE, FRANCES CASEY
FRANCES CASEY LOWE, P.A.
3042 CRAFORDVILLE HWY
CRAWFORDVILLE, FL 32327 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

OFFICERS AND DIRECTORS:

Title: DP
Name: BENDER, PAUL
Address: 45 WINDY WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DST
Name: DIAS, ROBIN
Address: 45 WINDY WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: MOOSHIE, JOHN
Address: 45 WINDY WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: DIAS, DAVID
Address: 45 WINDY WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: KOWSKI, JOSHUA REY
Address: 45 WINDY WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: PAUL BENDER DP 03/16/2011

Electronic Signature of Signing Officer or Director — Date