


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 08:00 A
Secretary of State

DOCUMENT # P92000001292 1. Entity Name FOSS FOAM PRODUCTS OF FLORIDA, INC.	
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Principal Place of Business 7060 HWY 41 N WILLISTON, FL 32696	Mailing Address 7060 HWY 41 N WILLISTON, FL 32696
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01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3151458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WALKER, ROBERT A 6608 SW 146TH PLACE MICANOPY, FL 32667
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, ROBERT A 6608 SW 146TH PLACE MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, ETHAN A 416 SE 3RD AVENUE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, DAVID A 607 NW 9TH COURT WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, JENNETTE J 607 NW 9TH COURT WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/08-80008-010 150.00

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IN THIS SPACE**

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: Robert Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____