## 2006 FOR PROFIT CORPORATION

Apr 17, 2006 08:00 AM

ANNUAL REPORT					_	Secretary of St			
	MENT # P950000600	99							- ,
CONSER	VATION INSULATION & WINI	DOWS, INC.				!			<u>.</u>
Principal Place 126 JOSEPH NICEVILLE, F	AVENUE -	Mailing Address POST OFFICE 80X 346 NICEVILLE, FL 32588		}			-   <b>                                    </b>		
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					5. Certificate	1	sired		5 Additional
	6. Name and Address of Current Reg		<u></u>	<u></u> -		· ·		; rest	Required
126 JOSE	ROM, KENT A PH AVE E, FL 32578		-	:		NOT THIS		* * * * *	· · · · · · · · · · · · · · · · · · ·
			}					· ·-	
	named entity submits this statement for the ions of registered agent.	purpose of changing its regist	ered office or re	eģister	ed agent, or bo	th, in the Sta	te of Florid	a. I <del>am</del> familia	n with and accept
SIGNATURE  Signature, typed or printed name of registered agent and title of applicable (NDTE: Registered Agent sign				required	when reinstating)	<del></del>		DATE	<del></del>
FIL After M	E NOW!!! FEE 13 \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Fir Trust Fund Contribution	nancing	\$5.	00 May Be ed to Fees	1	<u> </u>		is signed
10.  THE  MAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIR PVPS WENNSTROM, KENT A 126 JOSEPH AVENUE NICEVILLE, FL	ECTORS		,	· · · ·	04/2	100000 29/06-	515232 80133-0	) 150.00
title Name Street Address City-St-Zip			_				- 		• ;
TITLE NAME STREET ADDRESS CITY-ST-ZIP				:		тои			
TITLE NAME STREET ADDRESS CITY-ST-IP					IN	THIS	SPA	/CE	
title Kame Street Address City-St-Zip						• · · ·	: <u>-</u> : •,	•	
DILE			1		-				-

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 frustee 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:

NAME STREET ADDRESS CITY-ST-ZIF