2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010710

Entity Name: BROCKMEYER INSULATION INC.

418 SW 18TH COURT

CAPE CORAL, FL 33991

Address: City-St-Zip: FILED Apr 12, 2007 Secretary of State

	mer brooki	METER HOOE, THOM, HO.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1800 RIVERCHASE CT ALVA, FL 33920			18001 RIVERCHASE C ALVA, FL 33920	18001 RIVERCHASE CT ALVA, FL 33920	
Current Mailing Address:			New Mailing Address:		
P O BOX ² ALVA, FL					
FEI Number: 65-0809684		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	EYER, DORIS ERCHASE CT 33920 US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (BROCKMEYER 18001 RIVERO ALVA, FL 339	CHASE CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (BONE, CANDA 30 HOWARD D MIDDLETOWN	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T/D (CONRAD, CHE) Delete RYL L	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: DORIS F. BROCKMEYER PRES 04/12/2007