2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038092

Entity Name: INSULSEAL SYSTEMS, INC.

2220 PLATINUM RD., #8

APOPKA, FL 32703

Address: City-St-Zip: FILED Jan 04, 2005 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of Business:	
1841 10TH	H STREET W			
#6				
RIVIERA E	BEACH, FL 33	4046405		
Current Mailing Address:			New Mailing Address:	
1841 10TH #6	H STREET W			
	BEACH, FL 33	4046405		
FEI Number	: 59-3506941	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
#6	K, GUY H STREET WE BEACH, FL 33			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATUI	RF [.]			
0.0		nic Signature of Registered Ag	ent	 Date
Election Car		g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	POLACEK, GU	REET WEST, #6	Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	VP (POLACEK, MK 142-C BLUE H DAYTONA BEA	ERON DRIVE	Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name:	S (X DEMARAY, ER) Delete IC	Title: (Name:) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GUY POLACEK PRES 01/04/2005