

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000566

**FILED
Jun 30, 2005
Secretary of State**

Entity Name: INSULATION DISTRIBUTORS, INC.

Current Principal Place of Business:

7667 EQUITABLE DRIVE
201
EDEN PRAIRIE, MN 55344

New Principal Place of Business:

Current Mailing Address:

7667 EQUITABLE DRIVE
201
EDEN PRAIRIE, MN 55344

New Mailing Address:

FEI Number: 41-1358695 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: NOVOGRATZ, JOSEPH
Address: 7667 EQUITABLE DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: V () Delete
Name: NOVOGRATZ, CHRISTOPHER
Address: 7667 EQUITABLE DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOSEPH NOVOGRATZ

PSTD

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date