


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90042 048 \*\*\*158.75

DOCUMENT # F05000006262					
1. Entity Name PANOLAM INDUSTRIES INTERNATIONAL, INC.					
Principal Place of Business 20 PROGRESS DRIVE SHELTON, CT 06484		Mailing Address 20 PROGRESS DRIVE SHELTON, CT 06484		50003927	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 52-2064043	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULLER, ROBERT J JR.		NAME		
STREET ADDRESS	20 PROGRESS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SHELTON, CT 06484		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEURING, STEPHEN		NAME		
STREET ADDRESS	20 PROGRESS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SHELTON, CT 06484		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOLL, RICHARD		NAME		
STREET ADDRESS	20 PROGRESS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SHELTON, CT 06484		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEGARD, STEVE		NAME		
STREET ADDRESS	20 PROGRESS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SHELTON, CT 06484		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DWYER, ELIZABETH		NAME		
STREET ADDRESS	20 PROGRESS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SHELTON, CT 06484		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULLER, JEFFREY		NAME		
STREET ADDRESS	20 PROGRESS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SHELTON, CT 06484		CITY-ST-ZIP		
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: _____		JEFFREY MULLER SECRETARY		MAR 13 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	