

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007313

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: INTERNATIONAL FOAM SOLUTIONS, INC.

**Current Principal Place of Business:**

1885 SW 4TH AVE., #E3  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

1885 SW 4TH AVE., #E3  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number: 13-4279155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATZ, HARVEY  
1885 SW 4TH AVE., #E3  
DELRAY BEACH, FL 33444      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: KATZ, HARVEY  
Address: 7004 MANDARIN DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: VCST ( ) Delete  
Name: IOVINO, CLAUDIA  
Address: 6364 AMBERWOODS DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: IOVINO, NICHOLAS  
Address: 6364 AMBERWOODS DRIVE  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VCST (X) Change ( ) Addition  
Name: IOVINO, CLAUDIA  
Address: 6364 AMBERWOODS DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Change ( ) Addition  
Name: IOVINO, NICHOLAS  
Address: 6364 AMBERWOODS DRIVE  
City-St-Zip: BOCA RATON, FL 33433

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.

SIGNATURE: HARVEY KATZ

PC

07/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date