


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90029 049 ***150.00

DOCUMENT # 641757	
1. Entity Name INTERNATIONAL HARDWARE TRADERS, INC.	

Principal Place of Business % KENNETH J. DOWNING 350 HICKPOCHEE LABELLE FL 33935	Mailing Address % KENNETH J. DOWNING 4504 BRAGG CT LABELLE FL 33935
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 9934 BALSARIDGE CT Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State TRINITY, FL	4. FEI Number 59-1948580	Applied For <input type="checkbox"/> Not Applicable
Zip 34655	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOWNING, KENNETH J. 4504 BRAGG CT LABELLE FL 33935		7. Name and Address of New Registered Agent Name DOWNING, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 9934 BALSARIDGE CT City TRINITY FL Zip Code 34655	
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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 *Kenneth Downing* DATE 3/14/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOWNING, KENNETH J PRESIDE 4504 BRAGG CT LABELLE FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9934 BALSARIDGE CT TRINITY FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOWNING, MARY JO VICE PR 4504 BRAGG CT LABELLE FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9934 BALSARIDGE CT TRINITY FL 34655
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kenneth Downing* 3/14/06 239 826 7862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #