


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000004461
 1. Entity Name
 INVENTORY HANDLERS, INC.



Principal Place of Business: 400 VICTORY DRIVE, SPRING BORO, OH 45066
 Mailing Address: PO BOX 65, SPRINGBORO, OH 45066

DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number: 31-1357894 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHNER, JEFFREY
 3701 FAU BLVD., SUITE 300
 BOCA RATON, FL 33431

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | KANTOR, DAVID A |
| STREET ADDRESS | 3701 FAU BLVD., SUITE 300 |
| CITY-ST-ZIP | BOCA RATON, FL 33431 |
| TITLE | PD |
| NAME | MESSER, STEVEN L |
| STREET ADDRESS | 400 VICTORY DRIVE |
| CITY-ST-ZIP | SPRING BORO, OH 45066 |
| TITLE | DV |
| NAME | MURVEN, PATRICK J |
| STREET ADDRESS | 400 VICTORY DRIVE |
| CITY-ST-ZIP | SPRING BORO, OH 45066 |
| TITLE | ST |
| NAME | MATTIS, KEVIN J |
| STREET ADDRESS | 400 VICTORY DRIVE |
| CITY-ST-ZIP | SPRING BORO, OH 45066 |
| TITLE | AS |
| NAME | CLOUD, JOHN M |
| STREET ADDRESS | 400 VICTORY DRIVE |
| CITY-ST-ZIP | SPRING BORO, OH 45066 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 04/01/05-80057-011 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 a name like empowered

SIGNATURE:  DATE: 3-28-05 DAYTIME PHONE: 937-746-8662
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR