2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004673

Name:

Address: City-St-Zip: FILIPSKI, ROBERT M

936 COUNTY LINE RD.

BRYN MAWR, PA 19010

: INTERNATIONAL MATERIALS, INC. OF PENNSYLVANIA

FILED Apr 28, 2006 Secretary of State

Entity Nan	ie: INTER	NATIONAL M	ATERIALS, INC. OF	- PENNS	YLVANIA			
Current Principal Place of Business:					New Principal Place of Business:			
936 COUNTY LINE RD. BRYN MAWR, PA 19010					993 OLD EAGLE SCHOOL RD. SUITE 416 WAYNE, PA 19087			
Current Mailing Address:					New Mailing Address:			
936 COUNTY LINE RD. BRYN MAWR, PA 19010					993 OLD EAGLE SCHOOL RD. SUITE 416 WAYNE, PA 19087			
FEI Number:	23-2456788	FEI Numb	er Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
GLASSCOCK, JOHN 228 45TH AVE. SAINT PETERSBURG, FL 33706 US					WARREN, MARK 710 NE 3RD AVENUE DELRAY BEACH, FL 33444 US			
The above in the State	named entit of Florida.	ty submits this	s statement for the p	ourpose o	f changing it	ts registere	d office or registered agent, or both,	
SIGNATURE: MARK WARREN					04/28/2006			
Election Can		_	e of Registered Age Contribution ().	ent			Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P COLGAN, SI 710 NE 3RD DELRAY, FL	AVENUE			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V WARREN, M 710 NE 3RD DELRAY, FL	AVENUE			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	TS	() Delete			Title:	TS	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

FILIPSKI, ROBERT M 993 OLD EAGLE SCHOOL RD

WAYNE, PA 19087

SIGNATURE: ROBERT M. FILIPSKI CFO 04/28/2006