2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K85394

FILED Feb 06, 2004 Secretary of State

Entity Name: INTERNATIONAL WOOD SHUTTERS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14103 MC TAMPA, F	CORMICK DR. L 33626				
Current Mailing Address:		New Mailing Address:			
14103 MC TAMPA, F	CORMICK DR. L 33626				
FEI Number	: 59-2951951	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
14103 MC TAMPA, F The above			ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI					
		ic Signature of Registered Ag	ent	 Date	
	Liection	ic olginature of Neglistered Ag			
Election Ca		Trust Fund Contribution ().			
		Trust Fund Contribution ().		SES TO OFFICERS AND DIRECTORS	
	mpaign Financing	Trust Fund Contribution (). FORS: Delete SE ANN, SLAND		GES TO OFFICERS AND DIRECTORS () Change () Addition	
OFFICER Title: Name: Address:	S AND DIRECT S () CONFORTI, RO 224 MIDWAY IS CLEARWATER,	Trust Fund Contribution (). FORS: Delete SE ANN, SLAND FL 33767 Delete CHAEL J., SLAND	ADDITIONS/CHANG Title: Name: Address:		
OFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address:	S AND DIRECT S () CONFORTI, RO 224 MIDWAY IS CLEARWATER, T () CONFORTI, MIC 224 MIDWAY IS CLEARWATER,	Trust Fund Contribution (). FORS: Delete SE ANN, SLAND FL 33767 Delete CHAEL J., SLAND FL 33767 Delete OTT TERR	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	S AND DIRECT S () CONFORTI, RO 224 MIDWAY IS CLEARWATER, T () CONFORTI, MIC 224 MIDWAY IS CLEARWATER, P () CONFORTI, SCC 5148 JEWELL I PALM HARBOR	Trust Fund Contribution (). FORS: Delete SE ANN, SLAND FL 33767 Delete CHAEL J., SLAND FL 33767 Delete OTT TERR FL 34685 Delete //EN //E DR.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROSEANN CONFORTI SEC 02/06/2004