## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K85394

FILED Mar 21, 2006 Secretary of State

Entity Na	me: INTERNA	ATIONAL WOOD SHUTTERS	S, INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
14103 MC TAMPA, F	CORMICK DR L 33626					
Current N	lailing Addre	ss:	New Maili	New Mailing Address:		
14103 MC TAMPA, F	CORMICK DR L 33626					
FEI Number	: 59-2951951	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	l Address	of New Registered Agent:	
	TI, ROSE ANN CORMICK DIF L 33626 U	RVE				
	named entity e of Florida.	submits this statement for the	purpose of changing	its registere	ed office or registered agent, or both,	
SIGNATUI						
	Electro	nic Signature of Registered A	gent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S ( CONFORTI, RO 224 MIDWAY I CLEARWATER	SLAND	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T ( CONFORTI, M 224 MIDWAY I CLEARWATER	SLAND	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P ( CONFORTI, SO 5148 JEWELL PALM HARBOI	TERR	Title: Name: Address: City-St-Zip:	P CONFORT 266 RUE D TARPON S	•	
Title: Name: Address: City-St-Zip:	VP ( CONFOTI, STE 4022 EXECUT PALM HARBOI	IVE DR.	Title: Name: Address: City-St-Zip:		(X) Change ()Addition STEVEN TWORTH WAY PRINGS, FL 34688	
Title:	VD (	) Delete	Title:	VP D	(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:

CONFORTI, MICHAEL

NEW PORT RICHEY, FL 34655

1137 HAGEN DRIVE

SIGNATURE: ROSE ANN CONFORTI SEC 03/21/2006

CONFORTI, MICHAEL

NEW PORT RICHEY, FL 34655

1137 HAGEN DRIVE

Name:

Address:

City-St-Zip: