2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# K85394

Entity Name: INTERNATIONAL WOOD SHUTTERS, INC.

Current Principal Place of Business:

14103 MCCORMICK DR.
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

14103 MCCORMICK DR.
TAMPA, FL 33626

New Mailing Address:

FEI Number: 59-2951951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONFORTI, ROSE ANN
14103 MCCORMICK DIRVE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: CONFORTI, ROSE ANN,
Address: 224 MIDWAY ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: T ( ) Delete
Name: CONFORTI, MICHAEL J.,
Address: 224 MIDWAY ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: P ( ) Delete
Name: CONFORTI, SCOTT
Address: 266 RUE DES LACS
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VP ( ) Delete
Name: CONFOTI, STEVEN
Address: 2943 WENTWORTH WAY
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VP D ( ) Delete
Name: CONFORTI, MICHAEL
Address: 1137 HAGEN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP D (X) Change ( ) Addition
Name: CONFORTI, MICHAEL
Address: 3026 WENTWORTH WAY
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ROSEANN CONFORTI SEC 04/24/2007

Electronic Signature of Signing Officer or Director — Date