

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 29, 2006 8:00 am
Secretary of State

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03132006 No Chg-P CR2E034 (11/05)

DOCUMENT # P03000104240
 1. Entity Name
 INSTALLED ARCHITECTURAL PRODUCTS, INC.



Principal Place of Business 2799 NW BOCA RATON BLVD BOCA RATON, FL 33431	Mailing Address 2799 NW BOCA RATON BLVD BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2397622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHALAS, DENNIS
 2799 NW BOCA RATON BLVD #111
 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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: *Dennis Chales* *slu ta*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD CHALAS, DENNIS 2799 NW BOCA RATON BLVD # 111 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: *Dennis Chales* **Dennis Chales**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/15/06* **3/15/06**
Date

Daytime Phone #: *561 395-8155*
Daytime Phone #