

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90040 016 \*\*\*150.00

DOCUMENT # P03000118679  
 1. Entity Name  
 W.M. INTERIOR DOOR & TRIM, INC.



Principal Place of Business: 11101 LOKANOTOSA TRAIL, ORLANDO, FL 32817  
 Mailing Address: 11101 LOKANOTOSA TRAIL, ORLANDO, FL 32817

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number: 56-2415272  
 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCBRIDE, WILLIE  
 11115 LOKANOTOSA TRAIL  
 ORLANDO, FL 32817

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ (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           | PSTD                   | <input type="checkbox"/> Delete |
| NAME            | MCBRIDE, WILLIE        |                                 |
| STREET ADDRESS  | 11115 LOKANOTOSA TRAIL |                                 |
| CITY - ST - ZIP | ORLANDO, FL 32817      |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                        |  |
|-----------------|------------------------|--|
| TITLE           |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                        |  |
| STREET ADDRESS  | 11101 Lokanotosa Trail |  |
| CITY - ST - ZIP | Orlando, FL 32817      |  |
| TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                        |  |
| STREET ADDRESS  |                        |  |
| CITY - ST - ZIP |                        |  |
| TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                        |  |
| STREET ADDRESS  |                        |  |
| CITY - ST - ZIP |                        |  |
| TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                        |  |
| STREET ADDRESS  |                        |  |
| CITY - ST - ZIP |                        |  |

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: Willie McBride Willie McBride, President 1/5/06 (407)384-7788  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #