## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 14, 2006 8:00 am Secretary of State **DOCUMENT # P04000001041** 03-14-2006 90028 017 \*\*\*150.00 U.S. DOORS & TRIM INC. 100 Principal Place of Business Mailing Address 14350 SANHATCHEE STREET 14350 SANHATCHEE STREET CLERMONT, FL 34711 CLERMONT, FL 34711 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 73-1697195 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KANHAI, RAMESH Street Address (P.O. Box Number is Not Acceptable) 14350 SANHATCHEE STREET CLERMONT, FL 34711 City Zip Code FL ment 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 obligation SIGNATURE gistered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 1Ó. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition KANHAI, RAMESH NAME NAME 14350 SANHATCHEE STREET STREET ADDRESS STREET ADDRESS CLERMONT, FL 34711 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KANHAI, PREYA NAME NAME 14350 SANHATCHEE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 win an address, with MARCH 8 2006 3525363796 SIGNATURE:

**FILED** 

## **ATTACHMENT**

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: ASIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Nam	MENT # P04000 PRS & TRIM INC.	001041						
Principal Place of Business  14350 SANHATCHEE STREET CLERMONT, FL 34711 US  Mailing Address  14350 SANHATCHEE STREET CLERMONT, FL 34711 US					4	0031	087	4
D	O NOT WRI	CE	02232006  4. FEI Numb 73-169  5. Certificate			Applied For Not Applicable  75 Additional Required		
6. Name and Address of Current Registered Agent  KANHAI, RAMESH 14350 SANHATCHEE STREET CLERMONT, FL 34711						NOT W THIS SP		
the obligat	named antity submits this statentions of registered agent.  Signature, typed or printed name of registere  E NOWIII FEE IS \$150.00	d agent and title if applicable.  9. Elec	(NOTE: Registere	d Agent signature requires	d when reinstating)	th, in the State of Flo	rida. I am fami DATE	liar with, and accept
	ay 1, 2006 Fee will be \$	330.00	st Fund Contribution.	Add	led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANHAI, RAMESH 14350 SANHATCHEE STR CLERMONT, FL 34711 V KANHAI, PREYA 14350 SANHATCHEE STR CLERMONT, FL 34711							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						NOT W THIS SF		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby (	certify that the information supplie	ed with this filing does i	not qualify for the ex	emptions contained	d in Chapter 11	9, Florida Statutes. !	further certify t	hat the information
of the cor	on this report or supplemental re- poration or the receiver or trusted or on an attachment with an add	port is true and accura e empowered to execut lifest, with all other like	ie anu inat my signa e this report as requi emplowered.	ture snall have the red by Chapter 60	same legal effe 7, Florida Statute	or as it made under the cases; and that my name	ain; that I am a appears in Bl	in officer or director ock 10 or Block 11 if

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Date Desymme Prome #